# THE EFFECTS OF CHILDHOOD SEXUAL ABUSE ON ADULT MALE ATTACHMENTS IN CLOSE RELATIONSHIPS

A Dissertation

by

DANIEL RAYNER ALTMAN

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

August 2005

Major Subject: Counseling Psychology

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# ABSTRACT

The Effects of Childhood Sexual Abuse on

Adult Male Attachments in Close Relationships. (August 2005)

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Chair of Advisory Committee: Dr. Daniel F. Brossart

Over the past two decades society has become more aware of the prevalence and impact of childhood sexual abuse (CSA). While society has become more aware of this problem, there is still much that remains unknown. This is evident especially in regard to the effects of CSA on adult males. There are several reasons for this; one such reason is that males who come to therapy are rarely asked about sexual abuse histories. However, the effects of CSA are often quite severe for males. One area particularly affected is adult close relationships. Attachment theory offers a way to conceptualize how people interact in close relationships. In this study, the influence of CSA on adult male relationships was examined. Seven hypotheses examined were that males who were abused by a male, males who were abused for a longer period of time, males who were abused at an earlier age, males who perceived little support from their family with regards to the abuse, males who were abused by a family member, males who were abused more frequently, and males who were abuse more severely would be more likely to have an insecure attachment than other males. These CSA characteristics were measured by the Childhood Sexual Experiences Questionnaire and the Adult Attachment Questionnaire (AAQ). Although limitations to this study make it difficult to reject the null hypothesis and to make statements that these results reflect the population, findings generally confirm the stated hypotheses.

To my father, David F. Altman,

for running with perseverance along side me.

To my grandfathers,

Archie S. Altman and Roscoe W. Nice,

for running before me and waiting now

in the “great cloud of witnesses” (Hebrews 12:1).

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# CHAPTER I

## INTRODUCTION

Over the past two decades society has become more aware of the prevalence and impact of childhood sexual abuse (CSA). Although society has become more aware of this problem, there is still much that remains unknown. This is evident especially with regards to the effects of CSA on adult males. Because female survivors of CSA are more likely than male survivors to report their experiences, research in this area has focused more on the effects of CSA on females (Chandy, Blum, & Resnick, 1997; Fergusson & Mullen, 1999; Gorey and Leslie, 1997; Moon & Hoffman, 2000).

Although approximately 30% of all reported childhood sexual abuse victims in the United States are male (Holmes, Offen, & Waller, 1997), it is impossible to know the exact rate since many do not report male CSA experiences. Fergusson and Mullen (1999) state that since 1990 reported rates for female CSA from the United States ranged from 3.9% to 68.1% with most studies reporting approximately 19.1%, while reported rates for male CSA ranged from 2.7% to 34.3% with most reporting 7.2%. (e.g., Gorey & Leslie, 1997).

There are many reasons why it is difficult to estimate the prevalence of CSA accurately. Definitions of CSA vary from hearing a verbal remark to penetration (Haugaard, 2000; Bolton, Morris, & MacEachron; 1989). The stigma associated with CSA, especially with male victims, often inhibits victims from reporting (Romano & De Luca, 2001; Holmes, Offen, & Waller, 1997; Dimock, 1988). In addition, mental health professionals frequently do not inquire about CSA histories, especially with males (Romano & De Luca, 2001; Lab, Feigenbaum, & De Silva, 2000).

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This dissertation follows the style of *Psychology of Men and Masculinity*.

Despite the difficulty of having an accurate estimate, CSA has deleterious consequences that are both short- and long-term for males and females. Sexually abused adolescents have more suicidal thoughts and attempts (Garnefski & Arends, 1998); have more problems with peer interactions and aggression; are more depressed, overly sensitive to peers' negative statements, sexually preoccupied, and lack appropriate social skills (Garnefski & Arends, 1998; Shaw, Lewis, Loeb, Rosado, & Rodriquez, 2000; Young, Bergandi, & Titus, 1994). Additionally, these adolescents have more attention problems and display posttraumatic stress disorder symptoms (Ruggiero, McLeer, & Dixon, 2000; Shaw, et al., 2000). They have more somatic complaints and thought problems, are often withdrawn (Fergusson & Mullen, 1999; Shaw, et al., 2000), have poorer self-esteem, more learning problems, and they display self-injurious behaviors more frequently than individuals who have not had CSA experiences (Fergusson & Mullen, 1999).

Likewise, adults who were sexually abused as children tend to experience more suicidal behavior, identity disturbance, dissociative experiences, anger, feelings of alienation, suspiciousness and lack of trust, and have greater difficulties regulating their emotions (Roy, 1999; Shea, Zlotnick, & Weisberg, 1999). Additionally, they display risky and self-destructive behaviors, such as putting themselves at risk of acquiring HIV and drug and alcohol abuse (Bensley, Van Eenwyk, & Simmons, 2000). They have more parenting difficulties (Maker & Buttenheim, 2000), report higher levels of depression, self-blame, poor social functioning, and lower levels of self-esteem (Liem & Boudewyn, 1999; Ratican, 1992). Finally, they frequently report sexual dysfunction (Davis & Petretic-Jackson, 2000; Kinzl, Magweth, Traweger, & Biebl, 1996) and are more likely to have homosexual experiences and to be revictimized (Beitchman, Zucker, Hood, DaCosta, Akman, & Cassavia, 1992).

*Males and Childhood Sexual Abuse*

Although there is a stigma surrounding CSA for both female and male survivors, society's definition of masculinity contributes to a greater amount of stigma for males (Dimock, 1988; Gill & Tutty, 1999). Males are expected to achieve, be competitive, have greater control over their affect, be independent, assume greater personal responsibility, be authoritarian, and be less accepting of behaviors which deviate from the male gender stereotype (Bolton, Morris, MacEachron, 1989; Gill & Tutty, 1999; Phillips, 1986; Pollack, 1998; Struve, 1990). The nature of CSA counters many of these masculine stereotypes, often causing the male survivor to question his masculinity. Although the male survivor may know biologically that he is male, he may question whether he is masculine based on society's view of masculinity (Gartner, 1999). This makes it difficult for males to admit to CSA experiences.

Often males do not report CSA experiences because many male survivors do not consider the experience abusive. Males are often socialized to believe they can have sex any time it is offered. Therefore, if an adult offers a young male sex, he is socialized to accept the offer (Dimock, 1988; Gartner, 1999). So even though a male has been abused, he may not define the experience as abusive or negative. Instead, he may define it as sexual initiation (Fromuth & Burkhart, 1989; Gartner, 1999).

In addition, males are inhibited from reporting CSA because many of them believe the myth that males are not victims of sexual abuse (Gill & Tutty, 1999) and may think others will not believe them. This may cause the male victim to question his identity as if there were something unique or different about him that caused this experience to occur. This often contributes to the male victim's questioning his sexuality, believing that if he were more masculine or if he were stronger this would not have happened (Belkin, Greene, Rodrigue, & Boggs, 1994; Gill & Tutty, 1999).

Another obstacle for males is that many people do not view male child sexual abuse as negatively as they do female child sexual abuse (Smith, Fromuth, & Morris, 1997). In addition, reports of male CSA victims are less likely to be substantiated when given to Child Protective Services and CSA cases involving male victims are less likely to go to court then cases involving female victims (Dersch & Munsch, 1999). Mental health professionals and public officials are not immune to societal stereotypes. Therefore, males who come to therapy are rarely asked about sexual abuse histories (Holmes, Offen, & Waller, 1997; Lab, Feigenbaum, & De Silva, 2000). Many mental health professionals give credence to the myth that males are not sexually abused or that the effects of sexual abuse are not as critical for males as they are for females (Holmes, Offen, & Waller, 1997; Gill & Tutty, 1999). However, some of the effects for males may be more severe, or manifest in ways that are more self-destructive than for women (Dersch & Munsch, 1999).

For example, males who experience CSA are usually more aggressive in their social interactions and often report more interpersonal sensitivity than their female counterparts (Garnefski & Arends, 1998; Garnefski & Diekstra, 1997; Gold, Lucenko, Elhai, Swingle, & Sellers, 1999; Romano & De Luca, 2001; Young, Bergandi, & Titus, 1994). These males are more likely to engage in acting out behaviors than female victims and they are more likely than females to have attempted suicide and to have abused drugs (Dimock, 1988; Garnefski & Arends, 1998; Garnefski & Diekstra, 1997). Adolescent males who experienced a prior sexual assault are more likely to have higher levels of depression, PTSD-related symptoms and other anxiety symptoms than adolescent females who experienced a prior sexual assault (Boney-McCoy & Finkelhor, 1996; Gold, Lucenko, Elhai, Swingle, & Sellers, 1999). These CSA males engage in more HIV-risk behaviors than CSA females (Bensley, Van Eenwyk, & Simmon,

2000). They are also more likely to engage in sexually abusive or sexually compulsive behaviors (Dimock, 1988; Gerber, 1990).

Additionally, males who experience CSA are more likely than their female counterparts to experience physical force when being sexually abused (Beitchman, Zucker, Hood, DaCosta, Akman, & Cassavia, 1992; Moisan, Sanders-Phillips, & Moisan, 1997; Sarwer, Crawford, & Durlak, 1997). This adds to the sense of powerlessness males might normally have if physical force were not used. In addition to physical force, males are more likely than females to experience CSA in conjunction with physical abuse (Garnefski & Diekstra, 1997; Windle, Windle, Scheidt, & Miller, 1995). Therefore, not only do these males have to cope with the CSA, but they also have to cope with the physical abuse.

Finally, male survivors are more likely to have been abused by a member of their own sex than female survivors (Sarwer, Crowford, & Durlak, 1997; Shaw, Lewis, Loeb, Rosado, & Rodriquez, 2000). This may complicate the peer relationships of male survivors and may explain why they have difficulties establishing stable, trusting peer relationships (Dimock, 1988).

*Purpose of this Study*

As stated earlier, most research on CSA has focused on the effects of abuse on females. Although females are more likely to report CSA experiences, approximately 30% of all reported CSA victims in the United States are male (Holmes, Offer, & Waller, 1997). Therefore, this study will focus on the effects of CSA on males. In this study the predictive value of specific characteristics of the CSA experience on the close relationships of adult males will be examined in the context of attachment theory. As the following literature indicates, various characteristics that will be examined here have been examined elsewhere, characteristics such as age, severity, frequency, duration, relationship of the abuser, and perceived family support. However, these characteristics have not been examined using attachment theory as a way to conceptualize the

close relationships of these adult males. The present study will examine these characteristics in their relation to the attachments of adult male victims.

# CHAPTER II

# REVIEW OF LITERATURE

Establishing stable, trusting close relationships is one difficulty for males who were sexually abused as children (Dimock, 1988). To conceptualize this, it is important to have a theory of how relationships develop and are characterized, in order to examine the influence of the sexual abuse experience. Attachment theory is one such theory, useful in application to the study of sexual abuse (Alexander, 1992). In this chapter, the following will be reviewed: the basic principles of attachment theory; how attachment styles and behaviors manifest in close relationships; how traumatic events affect attachment styles and behaviors; general effects of childhood sexual abuse on males; and how various characteristics of sexual abuse affect attachment styles. The research questions derived from this review are presented at the end of this chapter.

## *Attachment Theory*

Based on the work of John Bowlby, attachment theory is grounded in the observation of human behaviors from infancy onwards. Bowlby described attachment theory as "the propensity of human beings to make strong affectional bonds to particular others" (Bowlby, 1979). In the 1950s, John Bowlby and his colleagues noticed various behavioral responses in infants who reacted to being separated from their mothers (Bowlby, 1960). These behavioral responses were often more intense in infants who had experienced frequent separation from their mothers with little time in between reunions to bond with others. He described these responses as attachment behaviors and noticed that they were activated in the context of a relationship when the infant realized that the "safe haven" of a preferred individual (attachment figure), usually the primary care giver, was unavailable or when the infant we threatened or placed in a fearful situation (Bowlby, 1960, 1982; Mace & Margison, 1997; Sperling & Berman, 1994). This behavioral

response system was deactivated, or terminated, by the availability of the attachment figure (Bowlby, 1973, 1980, 1982).

The evolution of the attachment system follows four phases of development (Ainsworth, 1964, 1969; Bowlby, 1982). In phase one the infant's behaviors appear to be driven by an instinctual response system with the primary purpose being to meet the infant's basic need for protection and nurturing (Bowlby, 1958, 1960, 1982). Human infants' development of locomotion and gross motor skills is delayed compared to other mammals. Therefore, these behaviors assist in ensuring the human infant's ability to survive by alerting the caregiver (Ainsworth, 1964, 1969; Ainsworth, Blehar, Walter, & Wall, 1978; Bowlby, 1958; Bowlby, 1982). These behaviors begin with the reflexive actions of the infant (e.g., crying and clinging) and the response of the caregiver to these actions; the goal of these actions being to meet the infant's basic needs. During this phase, the infant's behaviors do not discriminate between one person or another.

As the caregiver responds to the infant's reflexive actions, the infant learns to associate the presence of the caregiver with having his or her needs met. The infant learns that as a close proximity is maintained with the caregiver, the caregiver will be more likely to respond to the infant's demands, ensuring the infant's greater chance of survival. Once this association occurs, the infant discriminates between the caregiver over other individuals. The caregiver now has become an attachment figure and the infant has entered phase two of the development of the attachment system (Ainsworth, 1969; Bowlby, 1982; Main, 2000). The infant begins to demonstrate distress or discomfort when the attachment figure is absent or when the attachment figure is unresponsive. Once the attachment figure emerges or responds, the infant is comforted and the attachment system is deactivated. Therefore, towards the end of this phase the goal extends beyond the infant's basic need to survive to the maintenance of a certain level of felt

security (Bowlby, 1982; Bartholomew, 1990; Feeney, 1999; Main, 1990).

By the third phase, the infant is capable of locomotion and intentional gross motor movements (e.g., waving arms and crawling), and increasingly discriminates between people with regards to the maintenance of proximity. At this point, the infant is more active in seeking the attachment figure's response by waving his or her arms or by following the departing attachment figure. When venturing into the environment to explore, the infant will remain within a certain distance to the attachment figure, using the attachment figure as a secure base (Bowlby, 1958; Bowlby, 1982; Ainsworth et al., 1978; Waters & Cummings, 2000; Waters, Hamilton, & Weinfield, 2000). During this phase, the infant continues to experience a certain amount of distress (conditioned anxiety) when the attachment figure is absent or unavailable (Bowlby, 1960; Hazan & Zeifman, 1999). Additionally, as the infant experiences a variety of situations that cause distress or discomfort, the infant begins to anticipate situations that may cause distress (expectant anxiety) (Bowlby, 1960). At this point, the infant is more active in seeking the attachment figure's response by following the departing attachment figure or waving his or her arms. The goal seems to shift even further from the fulfillment of basic needs to the maintenance of felt security.

Finally, in phase four, the infant begins to realize that the attachment figure's own goals, which often interfere with the infant's goal of maintaining proximity, have meaning and purpose. Rather than adjusting to the attachment figure when the two have differing goals, as has been done in all other phases, the infant now uses more sophisticated means of persuading the attachment figure to adjust to the infant's goals. Such means include the use of language. Whereas, in the beginning phases, it was the responsibility of the attachment figure to respond to the infant, in this phase the infant responds to the attachment figure. An additional characteristic found in this phase is that infants begin displaying clear-cut attachment bonds with others (e.g.,

father or some other closely related adult) (Ainsworth, 1964). Therefore, what begins as a response to the infant's natural biological reflexes evolves into an emotional bond between the child and the attachment figure.

Consistent with these ideas, the reaction the infant has to the separation and subsequent reunion with the attachment figure can serve as a measurement of the kind of attachment bond the pair have, since the infant cannot articulate these representations due to his or her limited cognitive abilities (Lewis, Feiring, & Rosenthal, 2000). Bowlby theorized that if an infant felt secure in the relationship with the attachment figure, the infant would feel free to wander from the attachment figure knowing that the attachment figure would come to his or her aid if threatened. However, if the infant felt insecure in the relationship with the caregiver, the infant would not trust the attachment figure to be responsive if threatened or in any way harmed. This infant might be fearful in wandering and would remain closer in proximity to the attachment figure than the infant who feels secure (Ainsworth et al.).

The goals the infant has in each phase of the development of the attachment system assist the attachment system by guiding it with a set of cognitions that serve as a mental map. This "map," so to speak, responds to the attachment figure's behaviors by adjusting the infant's behaviors to best serve the infant in making sure his or her own goals are met. This map helps the infant predict the attachment figure's behaviors, contributing to the infant's expectant anxiety. This occurs through a series of trial and error or "conditional strategies" (Main, 1990). Although the attachment figure has many different strategies from which to choose when attending to the infant, the infant must determine which strategy to use that will maximize his or her survival based on the attachment figure's strategies. In other words, the infant will attempt to gain the attachment figure's attention with one set of behaviors. If that set of behaviors proves ineffective, the infant will use a different set of behaviors until the attachment figure responds in

some way. This use of conditional strategies can alter the way the infant views the attachment figure's behaviors and how the infant's knowledge of the environment is coded (Bowlby, 1982). This map, or set of mental representations, is termed a "working model." It is a model the infant uses to store and manipulate information to make predictions about how his or her goals can be achieved (Bowlby, 1973, 1980, 1982). More accurately, the working model is used to describe mental representations the infant has of the environment, including important people in the infant's life and the self (Bowlby, 1973, 1980, 1982; Collins & Allard, 1994; Sroufe & Waters, 1977). As Collins and Allard (1994) state, "These representations evolve out of experiences with attachment figures and center around the regulation and fulfillment of attachment needs—namely, the maintenance of proximity to a nurturing caregiver and the regulations of felt security" (p. 61). This working model will serve to guide this infant's relationships and view of the world on into adulthood.

Using the idea that the infant's behavior can serve as a measurement of the kind of attachment the infant has with the attachment figure, Mary Ainsworth developed an experimental procedure known as the "Strange Situation." This experiment involved eight different episodes, lasting a total of 20 minutes, with a mother, an infant, and a stranger. In episode one, the mother, infant, and experimenter met in a room to discuss the procedures. In episode two, the mother and infant were observed alone in the room. The mother was instructed not to initiate contact with the infant unless the infant initiated first or appeared distressed. During episode three, a stranger entered the room. The stranger was given similar instructions, not to initiate contact with the infant unless the infant initiated first. Soon, the mother left the room, beginning episode four. The infant's reaction to the mother's absence was of primary concern during this episode. During episode five, the mother returned and the stranger left. The infant's reaction to this reunion was observed, also. During episode six, the mother left the room

again, leaving the infant alone in the room. After a moment of observation, the stranger returned to the room, marking episode seven. Finally, the mother returned and the stranger left during episode eight.

Using the Strange Situation scenario, Ainsworth, Blehar, Walter, and Wall (1978) observed three basic attachment patterns in infants: avoidant (Type A), secure (Type B), and anxious/ambivalent (Type C). They analyzed the data of the observed reactions in a total of 106 infants (60 males and 46 females) from four different samples. There were no statistical differences among the four samples with regards to the attachment pattern classifications their raters gave them in each of the four studies.

The most frequently reported pattern was the secure attachment pattern (Type B). In this pattern, the infant freely explored the room in the mother's presence. When the mother was absent, the infant began looking for her or cried. The infant became distressed and could not be comforted when the stranger entered the room. Finally, when the mother returned, the infant actively sought physical comfort from her and smiled or cried for attention (Ainsworth et al., 1978).

Infants who were classified as avoidant (Type A) showed little or no distress when the mother left the room. These infants reacted similarly when the stranger entered or when the mother returned, appearing disconnected from them. Additionally, these infants seemed to avoid the mother when she returned. When some mothers picked these infants up, some of these infants squirmed out of her arms to return to what they had been doing (Ainsworth et al.).

Anxious/ambivalent (Type C) infants demonstrated a strong desire to maintain close proximity with the mother and appeared unusually distressed in her absence. However, many of these infants resisted physical contact with the mother when she returned. These infants did not show a strong desire to seek the mother when she returned, but appeared whiny and somewhat

distressed. They did not appear too eager to return to play after the separation. Some appeared passive prior to and following the episodes of separation, others appeared angry. They appeared to seek proximity, yet resist it (Ainsworth et al.).

Subsequent research yielded a group of infants who could not be classified with the three patterns Ainsworth et al.found. Mary Main has described a fourth attachment pattern labeled Type D (Main & Solomon, 1986; Main & Cassidy, 1988; Main, 1990; Main, 2000). Main and Solomon (1986) found that Type D infants displayed contradictory behavior patterns. For instance, they would reach for their mothers at reunion as the secure infants had, but in a manner that was unusual or unexpected. The infant might gaze downward or turn away with a confused expression when the mother held him or her. Additionally, they found that the expected temporal sequences were disordered. For example, the child might give a sudden, out-of-context cry while being held by the mother. These infants displayed incomplete or undirected movements and expressions. The infant might start to strike out at the mother, but not follow through. Additionally, many of these infants froze all movements at the mother's reentrance. Such infants often had histories of maltreatment (Main, 1990).

Clearly, if the attachment figure's strategy does not permit an environment whereby the infant can predict the attachment figure's responsiveness (Main & Solomon, 1986), the infant must be able to provide that sense of security by altering his or her perceptions of danger and security (working model). Therefore, for an avoidant strategy, the infant may determine that he or she can survive on its own and that the danger is not that severe. The ambivalent/anxious strategy might call for the infant to interpret benign events as dangerous to ensure his or her dependency on the attachment figure. Therefore, there is more self-deception and manipulation of the interpretations of the environment with insecure strategies than with secure strategies (Main, 1990).

It was not until the past 20 years that attachment theory was applied to older children; for instance, adolescents. Kobak and Sceery (1988) examined the predictable affective and representational correlates of attachment during adolescence using the Adult Attachment Interview (George, Kaplan, & Main, 1985). They collected data from 53 (48% female and 31% male) first year college students. Fifty-three percent of the participants were rated as secure, 32% were rated as dismissing and 15% were rated as preoccupied. Those categorized as dismissing (avoidant) rated high on rejection, lower on being loved as children, high on idealization of parents and having difficulty remembering. Those in the dismissing group were rated by peers as more hostile and perceived less support in their relationships than those in the other two groups. Additionally, those in the dismissing group reported more loneliness than those in the secure group. Those classified as preoccupied (anxious/ambivalent) were rated higher than the other two groups on role-reversal in childhood and less coherent than the secure group. Also, those in the preoccupied group were rated as more anxious than the other two groups. Those categorized as secure were rated higher than the other two groups on being loved as children and coherence, and were rated lower on idealization of parents. Additionally, those in the secure group were considered more ego-resilient than the other two groups.

Likewise, Hamilton (2000) drew 30 adolescent participants from the Family Lifestyle Project (FLS; see Eiduson, Cohen, & Alexander, 1973; Eiduson & Weisner, 1978), an ongoing study of the influence of family lifestyle on the development of children. Seventy-five percent of the 21 adolescents classified as insecure in infancy retained their insecure classification in adolescence. Similarly, Waters, Merrick, Treboux, Crowell, and Albersheim (2000) used the Berkeley Adult Attachment Interview (AAI) to follow up on 50 young adults, aged 20-22, who participated in the Strange Situation as infants. They found that 32 out of 50 young adults retained the same classification they had as infants. In both of these studies, individuals who did

not maintain their classification from infancy onwards had experienced stressful negative life events (See also Weinfield, Sroufe, & Egeland, 2000; and Lewis, Feiring & Rosenthal, 2000). The effects of stressful negative life events on attachment patterns will be explored later in this review.

*Attachment Theory in Close Relationships*

John Bowlby (1979) stated that the attachment system influences individuals "from the cradle to the grave" (p. 129). Likewise, Ainsworth (1989) discussed how attachments are "affectional bonds" that are long-lasting, characteristic of an individual, and characterized by the desire to maintain proximity with one's partner in an adult dyadic relationship. However, extensive research about adult attachment did not begin until the 1980s (Simpson & Rholes, 1998). Until this research was conducted some researchers questioned whether or not attachment behaviors could be manifest in adult relationships.

Hazan and Shaver (1987), pioneers in exploring this question, conducted two studies to examine whether or not attachment theory could be applied in adult relationships. In the first study, Hazan and Shaver examined the responses of 620 individual (205 males and 415 females), solicited from a newspaper ad, to a 3-part questionnaire. This questionnaire examined "the most important love relationship you have ever had" using various statements that reflect working models of secure, avoidant, and anxious/ambivalent attachment styles. Because of space limitations in the newspaper, these statements only reflected the working model dimension of participants' view of others. Additionally, they asked individuals to reflect on their childhood relationships with their parents and to indicate which attachment style they have, based on three descriptive paragraphs describing secure, avoidant, and anxious/ambivalent styles. Individuals who categorized themselves as "secure" also reported warmer relationships with their parents as children; avoidant individuals, compared with anxious/ambivalent individuals, reported that their

mothers were cold and rejecting; anxious/ambivalent individuals viewed their fathers as unfair. Similar results have been found by others (Collins & Read, 1990). A hierarchical discriminant-function analysis was performed to examine the predictability of classification in the three attachment categories from various attachment-history variables. The two discriminant functions yielded statistically significant results. Together, these two functions classified 56% of the avoidant participants, 51% of the anxious/ambivalent participants, and 58% of the secure participants.

However, this study had two important limitations. The first limitation was self-selection bias; the second was that the researchers could only examine the dimension of working models that describe participants' view of others, because of space limitations in the newspaper, and not participants' view of self (Hazan & Shaver, 1987). These limitations made it necessary to conduct a follow-up study. One hundred and eighty undergraduate students (38 males and 70 females) participated in this follow-up study and were given the same questionnaires as those in the previous study. In addition, participants answered several questions that measured the view of self dimensions of their working model. Individuals classified as secure described their love relationships as friendly, happy, and trusting. Those classified as avoidant reported a fear of closeness with regards to love relationships. While those classified as anxious/ambivalent reported their relationships were marked by jealousy, emotional highs and lows, and desire for reciprocation. Additionally, secure participants described themselves as easy to get to know and likable and that they believe people are generally well-intentioned and good-hearted. Anxious/ambivalent participants admitted to having more self-doubts, being misunderstood and underappreciated, and described others as less willing and able than they are to commit to a relationship. The avoidant participants fell somewhere between these two extremes, although they were frequently closer to the anxious/ambivalent than to the secure. Two discriminant

functions correctly classified 75.0% of the avoidant participants, 90.5% of the anxious/ambivalent participants, and 85.7% of the secure participants. As in their initial study, both discriminant functions yielded statistically significant results.

Like Hazan and Shaver, Collins and Read (1990) applied attachment theory to adult relationships. They conducted three studies in order to examine correlates of adult attachment in close relationships. They used Hazan and Shaver's (1987) categorical measure to develop an 18-item scale to measure adult attachment styles. They found three dimensions underlying this measure by using factor analysis, not surprising since they used the same three categorical model of attachment used to create the Hazan and Shaver (1987) measure. Factor one was described as the amount of comfort an individual has with closeness; factor two, the extent to which individuals feel they can depend on others; and factor three, how anxious or fearful individuals are about being abandoned or unloved. Individuals who were comfortable with closeness and able to depend on others had a higher sense of self-worth and social confidence. In addition, they scored higher in expressiveness. Those who were fearful of being abandoned or unloved had lower feelings of self-worth and social confidence and they felt less assertive. Also, they found that women who viewed their fathers as warm were more likely to be dating men who were comfortable with closeness and depending on others. Men who described their mothers as cold were more likely to be dating women who were more anxious. Finally, they found correlations that women with male partners who were comfortable with closeness were more positive about their relationship, while men viewed their relationship much more negatively if their female partner feared abandonment.

Similarly, Simpson (1990) examined the influence of secure, anxious, and avoidant attachment styles on adult romantic relationships in a longitudinal study involving 144 dating couples. Simpson created a measure using statements from Hazan and Shaver's (1987) three

paragraph, three categorical attachment measure. This measure yielded 13 individual sentences, each of which was responded to on a 7-point Likert-type scale ranging from “strongly disagree” (1) to “strongly agree” (7). Results from this measure corresponded with Hazan and Shaver’s categorical model. Simpson found that, men and women with a secure attachment style are more likely to have relationships marked by greater interdependence, commitment, trust, and satisfaction than those with the anxious or avoidant attachment styles. Men and women with anxious or avoidant styles were more likely to have less frequent positive emotions and more frequent negative emotions in their relationships. The reverse was true for the secure styles. Finally, men who were categorized as avoidant experienced less post-dissolution emotional distress than those of the other groups when the relationship was over.

Furthering the applicability of attachment theory to adult romantic relationships, Hazan and Ziefman (1999) state that, whether discussing attachment styles in infants or in adults, there are four defining features to all attachment bonds: ‘proximity maintenance,’ ‘separation distress,’ ‘safe haven,’ and ‘secure base’ (p.337). In order to explore their questions about whether adult relationships consist of these characteristics, Hazan and Ziefman conducted two studies. In study one, they examined attachment behaviors in childhood and adolescence. They found that children and adolescents became more peer-oriented in regards to proximity-seeking behavior between ages 8 and 14. Older adolescents appeared to have fully developed attachment behaviors to peers in all four areas, most of these had as their attachment figure a girl- or boy-friend. In study two, they examined attachment behaviors among adults. All adults in their study were peer-oriented with regards to proximity-seeking and safe-haven behaviors. Adults involved in a relationship for two or more years named their partner as their attachment figure with regards to separation distress and secure base.

Prior to the 1990s, most attachment theory researchers relied on Ainsworth’s 3 category

model in reference to adult attachment (see Bartholomew, 1990; Hazan & Shaver, 1987, 1990; Kobak & Sceery, 1988; and Simpson, 1990). However, as discussed earlier, Ainsworth's categories were derived from observations of infants with their primary caregivers, not from adults. As Bartholomew (1990) states, "Adults differ on both their motivation to become attached to others, a given in infancy, and their motivation to not become attached" (p.149). Therefore, borrowing from Bowlby's (1973, 1980, 1982) theories on working models, she noted two dimensions that underlie attachment patterns. The two dimensions run on a continuum which represents the two dimensions of the working model: a person's model of self and a person's model of others (Bartholomew, 1990; Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Collins & Allard, 1994). A person who has a positive self-model has internalized a sense of self-worth. A person who has a positive other-model generally expects others to be available and supportive. These two dimensions along with their corresponding attachment patterns have been observed by others and can be seen in Figure 1 (Bartholomew, 1990; Brennan, Clark, & Shaver, 1998).

| | | **Model of Self** | |
|---|---|---|---|
| | | Positive | Negative |
| **Model Of Other** | Positive | Cell I: **Secure** | Cell II: **Preoccupied** |
| | Negative | Cell III: **Dismissing** | Cell IV: **Fearful** |

*Figure 1.* Bartholomew's (1990) Four-Category Diagram (Adapted from Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson and W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp.3-21). New York: The Guilford Press).

Corresponding with these two dimensions, Bartholomew observed four attachment patterns, which she often referred to as attachment "prototypes" that can be conceptualized as a four-category classification model (Bartholomew, 1990; Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). These four prototypic categories are similar in many respects to the three observed by Ainsworth (1978) and the three acknowledged by Hazan and Shaver (1987). Differences are found in Ainsworth's avoidant category and Hazan and Shaver's avoidant category. Ainsworth noticed that some children in her observations seemed to be apathetic toward their caregiver, with no observable emotional reactions. Bartholomew points out that this observation only partially describes Bowbly's characterization of individuals who are *defensively* self-reliant, which implies some affective component.

A study by Main, Kaplan, and Cassidy (1985) may help give greater understanding to the difference between the kinds of avoidance observed. In this study of adult attachment, Main, Kaplan, and Cassidy (1985) focused on adults' reports of attachment styles they had with their caregivers in childhood. They found that some adults seemed to have a detached style similar to the kind observed by Ainsworth in infants. The difference between their observations and Ainsworth's infant observations is that adults in Main's study reported loneliness and high levels of social self-esteem. One would not expect these adults to report loneliness if they were truly self-reliant. Likewise, Hazan and Shaver's (1987) description of avoidant attachment implies an element of fear with regards to closeness in relationships. This, too, is not something one would expect to find in individuals who are truly self-reliant. Hazan and Shaver's findings differ from Main's findings, though, in that the avoidant individuals in Main's study reported high levels of social self-esteem yet avoidant individuals in Hazan and Shaver's study not only report a fear of close relationships but also report feelings of rejection, implying a lower level of social self-esteem. Therefore, while Main's description indicates avoidant individuals feel confident with

regards to close relationships, Hazan and Shaver's description indicates that they are less confident, similar to anxious-ambivalent individuals. Therefore, Bartholomew surmised that a single category of avoidant attachment was inadequate. Instead, two categories of avoidant attachment were necessary, one she termed dismissing, and the other fearful.

In order to examine this further, Bartholomew and Horowitz (1991) conducted two studies using Bartholomew's (1990) model of adult attachment, particularly with regards to the working models of self and of other. They used five different methods to assess these two dimensions: self-reports, friend-reports, romantic partner reports, trained judges' ratings of peer attachments, and trained judges' ratings of family attachment. Their findings in study one revealed a secure group that rated highly on coherence and the degree of intimacy within their friendships. The prototypes of secure individuals correlated highly with coherence, intimacy, balance of control in friendships, level of involvement in romantic relationships, self-confidence, and warmth. The dismissing group scored high on self-confidence and low on emotional expressiveness, frequency of crying, and warmth. Additionally, they scored lower than the secure and preoccupied types on self-disclosure, intimacy, level of romantic involvements, capacity to rely on others, and use of others as a secure base. The preoccupied group scored high on elaboration, self-disclosure, emotional expressiveness, frequency of crying, reliance on others, use of others as a secure base, crying in the presence of others, and caregiving. Finally, the fearful group rated lower than the secure and preoccupied groups on self-disclosure, intimacy, level of romantic involvement, reliance on others, and use of others as a secure base when upset. Additionally, unlike the dismissing group, they scored low on self-confidence and balance-of-control. Attachment ratings on opposing positions were negatively correlated, indicating that they were on opposite sides of each of the self and other spectrums. Secure and dismissing prototypes were positively correlated with self-concept while fearful and preoccupied

prototypes were negatively correlated with self-concept. Sociability was positively correlated with secure and preoccupied prototype ratings while it was negatively correlated with the fearful and dismissing prototype ratings. Therefore, study one confirmed Bartholomew's (1990) assertion that avoidance is more accurately conceptualized in two categories, one that is high in self-esteem and low in sociability (dismissing) and one that is low in self-esteem and low in sociability (fearful). Additionally, these results confirmed Bartholomew's hypothesis that there are two underlying dimensions that reflect Bowlby's (1973, 1980, 1982) theoretical model of self and model of others.

Study two was designed to examine the relationship between the four prototypic attachment styles with eight octants from the Inventory of Interpersonal Problems (IIP: Horowitz, Rosenberg, Baer, Ureno, & Vallasenor, 1988). These eight octants are: autocratic, expressive, nurturant, exploitable, subassertive, introverted, cold, and competitive. The secure group was not strongly related to any of the octants. The dismissing group was highly related to excessive coldness. This group received a negative correlation with the exploitable, nurturant, and expressive octants and a positive correlation with the cold and competitive octants. The preoccupied group was strongly related to the overly expressive octant. This group received a positive correlation with the nurturant and autocratic octant and a negative correlation with the cold, introverted, and subassertive octants. Finally, the fearful group was positively correlated with problems of introversion, subassertiveness, and the tendency to be exploited and negatively correlated with problems related to being overly nurturant, expressive, autocratic, and competitive. These descriptions of the four prototypic attachment styles further supports the original hypotheses that attachment style can be conceptualized on two dimensions, one reflecting a positive- or negative-self model and the other reflecting a positive- or negative-other model.

Bartholomew and Shaver (1998) compared Bartholomew's (Bartholomew & Horowitz, 1991) self-report measure with Hazan and Shaver's (1987, 1990) self-report measure. They found that 80% of individuals who classified themselves as secure on Bartholomew's measure were classified as secure on the Hazan-Shaver measure. Of those classified as preoccupied on the Bartholomew measure, 57% were anxious-ambivalent (the conceptually parallel category) on the Hazan-Shaver measure. Of those who were classified as fearful on the Bartholomew measure, 61% were classified as avoidant on the Hazan-Shaver measure. Finally, of those who were classified as dismissing on the Bartholomew measure, 43% were classified as avoidant on the Hazan-Shaver measure and 45% were classified as secure. Because there is no classification in the Hazan-Shaver measure that strongly parallels the dismissing classification in the Bartholomew measure, participants in this study were required to choose either avoidant, acknowledging their avoidant tendencies, or secure, acknowledging their autonomy and positive self-model. Results from this study further indicate the need for two separate classifications for the avoidant attachment style in adults.

As has been made evident, the two dimensions observed by Bartholomew can be used to determine which attachment prototype best describes an individual's behavior in close relationships. Individuals who have a more negative self-model are more insecure in their attachment style than individuals with a more positive self-model. Likewise, individuals who have a more negative other-model are more insecure in their attachment style than those with a positive other-model (Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Brennan, Clark, & Shaver, 1998; Fraley & Waller, 1998; Simpson, Rholes, & Nelligan, 1992; Simpson, Rholes, & Phillips, 1996). Therefore, secure attachments are characterized by a positive self model and a positive other model, preoccupied attachments are characterized by a negative self model and a positive other model, fearful attachments are characterized by a negative self model

and a negative other model, and dismissing attachments are characterized by a positive self model and a negative other model.

Continuing this new research on adult attachments, Simpson, Rholes, and Nelligan (1992) explored the relationship between attachment styles and spontaneous support seeking and support giving in couples when one partner experiences anxiety. They measured attachment styles with a measure consisting of two scales, one measuring avoidance, the other measuring anxiety. The higher individuals score on the avoidance scale, the more avoidant is their attachment style. The higher individuals score on the anxiety scale, the more anxious is their attachment style. Low scores on either scale indicate a more secure attachment style. Women who were more secure than avoidant engaged in greater support seeking behavior from their partners when experiencing anxiety. Women who were more avoidant engaged in less support seeking behaviors. For more secure men, the more anxiety their partner experienced, the greater support they gave. The opposite trend was found among more avoidant men. Additionally, men who were more secure made more pronounced supportive comments in response to their partners' anxious affective state than did men who were more avoidant. Finally, increased supportive touching by partners met more resistance among women who were more avoidant than among women who were more secure.

As the above literature review indicates, attachment theory can be applied to adult close relationships. These attachment styles in adults facilitate individuals' efforts to establish and maintain contact with one or a few specific individuals who provide physical and/or psychological safety (Sperling & Berman, 1994). If individuals have attachments that are more secure, they are capable of establishing these relationships. However, if individuals' attachments are more insecure they will likely establish relationships that are characterized more or less by instability or distance. Thus, attachment styles strongly influence the nature and characteristics

of an adult close relationship.

*Attachment and Traumatic Events*

Ultimately, the goal of the attachment system is to maintain equilibrium in the relationship between the individual and the attachment figure or "to maintain an affectional bond" (Bowlby, 1980). Therefore, anything that interferes with the bond or is perceived to interfere with the bond or the homeostatic system of the relationship activates the attachment system in an effort to preserve that bond and return to a state of equilibrium (Bowlby 1973, 1980, 1982; Mace & Margison, 1997; Sperling & Berman, 1994). The greater the interference or danger of loss is perceived to be, the more intense is the attachment behavior in an effort to preserve the bond. Because distress is an essential feature in understanding attachment theory, it is important to understand the interaction between distressful or traumatic events and the attachment system.

Mikulincer, Florian, and Weller (1993) examined the relationship between adult attachment and individuals' response styles in the threat of danger. Israeli participants were divided into two groups: one group consisted of individuals who had lived in dangerous places, targeted by Iraqi Scud missiles during the Gulf War, the other group lived in less dangerous areas during the war. Individuals classified as ambivalent reported more distress (e.g., depression and anxiety) than those classified as secure. Likewise, avoidant individuals scored more highly on somatization, hostility, and trauma-related avoidance than secure individuals. These differences were only statistically significant for individuals living in more dangerous places. Additionally, they found that secure individuals used more support-seeking strategies in response to trauma, avoidant individuals used more distancing strategies, and ambivalent individuals used more emotion-focused strategies.

Mikulincer, Florian, and Tolmacz (1990) explored the relationship between attachment

styles and the fear of personal death. Ambivalent persons indicated a stronger overt fear of death than did avoidant and secure persons. Additionally, while ambivalent person were more likely to fear death because of loss of social identity in death, avoidant persons were more likely to fear death because of its unknown nature.

Mikulincer, Horesh, Eilati, and Kotler (1999) examined the association between attachment styles and psychopathology for individuals exposed to chronic life-endangering conditions. Results indicated a positive correlation between attachment style and intensity of symptomatology. The more secure the person was, the fewer symptoms he or she had. However, the more anxious-ambivalent a person was, the more symptoms he or she had. This finding was statistically significant for individuals living in high-threat environments and those not living in high-threat environments. However, for those living in high-threat environments, the higher a person scored on the avoidant scale, the higher the level of symptomatology, the more intense the PTSD symptoms, and the more frequent the avoidance response was.

Dieperink, Laskela, Thuras, and Engdahl (2001) examined the relationship between attachment style and post-traumatic stress disorder (PTSD) symptoms in 107 former prisoners of war. They found that those with a preoccupied, fearful, or dismissive attachment style experienced more intense PTSD symptoms than those with a secure attachment style. In addition, they found that attachment style was more predictive of the experience of PTSD symptoms than the severity of the trauma experience.

Using an attachment perspective, Sagi, Van Ijzendoom, Joels, and Scharf (2002) examined the long-term sequelae of Holocaust experiences in survivors. Results indicate that Holocaust survivors were more likely to have a dismissing attachment style than non-Holocaust survivors. However, when comparing Holocaust child survivors (individuals who were children during the Holocaust and lost both parents) with controls, there were no statistically significant

differences between their respective attachment styles. For both Holocaust survivors and Holocaust child survivors, individuals expressed confusion and disorientation about the loss and other trauma. In addition, they favored unusual beliefs (e.g., the belief in their ability to read other people's minds or that they had a premonition of the traumatic event). Such experiences were not found among control groups.

Mikulincer and Florian (1998) reviewed empirical data regarding the interaction between attachment styles and the level of psychological distress individuals experience during stressful circumstances. Specifically, they reviewed studies examining the relationship between attachment styles and terror of personal death, military and war-related stress, interpersonal loss, and personal failure. They found that individuals with a secure attachment generally demonstrated better coping skills and problem-solving skills than those with an insecure attachment. Additionally, those with an anxious-ambivalent or an avoidant style reported more distress in reaction to these events than those with a secure attachment style. Others have found similar results (Kemp and Neimeyer, 1999).

In addition, Mikulincer and Florian's (1998) team conducted four studies examining the relationship between attachment styles and mothers' reactions to pregnancy, the birth of a new baby, having child who with mental retardation and having an adolescent hospitalized for a psychiatric disorder. Similar to their reviews, they found that women who were secure demonstrated better support-seeking skills and problem-solving skills to these situations than other women. Conversely, women who were anxious-ambivalent or avoidant reported more distress than secure women.

As the above literature review indicates, an individual's attachment style can influence how he or she responds to traumatic events. Likewise, chronic exposure to traumatic events can have a greater influence the way a person responds to these distressing situations in the future.

However, the question of how the experience of traumatic events influences one's attachment style still remains; in particular, for the purpose of this study, the experience of childhood sexual abuse.

*Effects of Sexual Abuse*

The purpose of this study was to examine the influence of childhood sexual abuse on adult close relationships as viewed from the context of attachment theory. As the above literature suggests, there is an interaction between traumatic events and attachment style. According to Bowlby, certain distressful events in childhood can influence one's attachment bond (Bowlby, 1973, 1980, 1982). Therefore, below is a review of the general effects of sexual abuse. This review is followed by a specific review of the effects of childhood sexual abuse on attachment styles.

Feiring, Taska and Lewis (1999) examined how the age at which the abuse was discovered and the gender of the victim impact psychological distress in the victim. Results indicated that victims who were adolescents by the time the abuse was discovered, suggesting a longer duration of abuse, generally reported higher levels of depression, negative reactions by others, and lower levels of self-esteem, sexual anxiety, and social support, when compared to victims who were children by the time the abuse was discovered. Additionally, adolescent girls reported higher levels of intrusive thoughts, hyperarousal, personal vulnerability, sexual anxiety, and perceiving the world as a dangerous place than adolescent boys. However, adolescent boys reported higher levels of eroticism (e.g., being in a state of sexual arousal) than girls.

Boney-McCoy and Finkelhor (1995) examined the relationship between prior victimization (sexual and nonsexual) and a child's risk of subsequent child sexual abuse (CSA). Results indicate that prior victimization in children predicted subsequent CSA, even when other variables (i.e., gender, race, age, location, relationship with parents, and level of community

violence) were controlled for. In addition, prior victimization increased the level of post-traumatic stress symptoms in children who experienced subsequent CSA, even after controlling for demographic variables and characteristics of the CSA experience.

In a related study, Boney-McCoy and Finkelhor (1996) examined whether or not youth victimization was related to symptoms of trauma and depression after controlling for prior symptoms and family relationships. They interviewed children age 10 to 16 from a national random sample telephone survey and reinterviewed these same children approximately 15 months later. When children were reinterviewed, the researchers found that 21% of them reported experiencing some sort of victimization in the interim period, the most common of which was sexual assault. Findings revealed that victimization contributed to high levels of symptomatology when controlling for prior symptoms and parent-child relationship. This contribution was stronger for sexual abuse, parental assault, and kidnapping experiences than for other kinds of victimization experiences.

Read, Agar, Barker-Collo, Davies, and Moskowitz (2001) examined the role of child abuse when assessing suicidality. After reviewing files from 200 clients, results indicated that clients who had histories of childhood sexual abuse (CSA) or childhood physical abuse (CPA) were more likely to have attempted suicide than those who did not have either of these experiences. In addition, those with CSA or CPA experiences were more likely to have participated in some kind of mental health treatment at a younger age than those with no abuse experiences, with the CSA group entering treatment at a younger age than the CPA group. Additionally, when comparing CSA with CPA, results suggest that those who had CSA experiences were more likely to have attempted suicide than those who had CPA experiences. Additionally, those with CSA experiences were more likely to have current suicidal ideation than those with CPA experiences or no abuse experiences.

Chandy, Blum, and Resnick (1997) investigated the relationship between adolescent males who has been sexually abused as children and their participation in various risky behaviors. Results indicate that, as a group, adolescent males with a history of CSA experiences reported performing lower in school; having greater involvement in suicidal ideation and behavior; binging, fasting, and dieting; having sexual intercourse more frequently, which resulted in pregnancy; using tobacco and marijuana more frequently; and participating in vandalism, group fighting, stealing, running away, and prostitution more than adolescent males with no history of CSA. Additionally, they found that those with histories of CSA who did not participate in the above activities had mothers with a higher level of education and perceived more parental care and support than CSA males who participated in the above activities.

Ruggiero, Bernstein, and Handelsman (1999) examined the influence of various childhood trauma experiences on being diagnosed with a personality disorder in adulthood in male veterans. Results indicated that those with histories of severe CSA were more likely than any other group to experience symptoms associated with an antisocial personality disorder and a passive-aggressive personality disorder. However, there was only a small group (N=6) of individuals with histories of severe CSA. Those with CSA histories that were less severe (N=30) showed a slightly higher, though not statistically significantly higher, degree of personality disorder symptomatology than other groups. This indicates that having a history of CSA may increase one's risk of developing a personality disorder as an adult.

In the same vein, Paris, Zweig-Frank, and Guzder (1994) examined the role of various psychological risk factors, one of which was childhood sexual abuse, among male outpatients diagnosed with borderline personality disorder (BPD). They found that patients with a diagnosis of BPD were more likely to have had CSA histories than patients without a diagnosis of BPD. Patients in the BPD group with CSA histories were more likely to have reported penetration and

force with regards to their CSA histories than patients with CSA histories but without a diagnosis of BPD. Additionally, patients in the BPD group with CSA histories were more likely to report their father or a stranger as the perpetrator than males who did not have a diagnosis of BPD but had a history of CSA.

Likewise, Zanarini, Williams, Lewis, Reich, Vera, Marino, Levin, Young, and Frankenburg (1997) examined the relationship between various childhood experiences with patients diagnosed with borderline personality disorder and patients diagnosed with other personality disorders. Results indicate that patients with a BPD diagnosis were more likely than patients with other personality disorders to have been abused, including sexually, or neglected in some way. These patients were more likely to report having been sexually abused by a non-caretaker and emotionally and physically abused by a caretaker. Borderline patients with a history of sexual abuse were more likely to report having experienced most types of abuse and neglect studied compared to patients without a history of sexual abuse.

Dimock (1988) described characteristics of 25 adult males with histories of CSA in a qualitative study. Information was obtained by clinical observations, clients' responses to a questionnaire, and examination of case records. Dimock found that these males were more likely to have problems with sexually compulsive behaviors, masculine identity confusion, and dysfunctional relationships. However, while Dimock did not have a comparison group, several of these findings have been found in other studies (See Rosen & Martin, 1998).

In their qualitative study, Gill and Tutty (1999) examined the effects of CSA on 10 adult males. The males in this study indicated that they had difficulty with telling others about their abuse experiences because they believed others would not believe them or would discount their experience. These males reported having shame about their abuse because they believe that males are supposed to be in control and their abuse experience implied a lack of control.

Additionally, they reported having difficulty forming emotional bonds with others for fear of being manipulated, used, or abused.

Windle, Windle, Scheidt, and Miller (1995) investigated various correlates of childhood abuse among adult alcoholic inpatients. Results indicate a greater percentage of males than females experienced physical abuse in conjunction with sexual abuse. Males who experienced both kinds of abuse were more likely to have a family history of parental alcoholism. Problems that both males and females with histories of CSA reported were past suicide attempts, generalized anxiety disorder, antisocial personality disorder, and depression. In fact, males who had a history of CSA were eight times more likely to experience depression than others.

Young, Bergandi, and Titus (1994) investigated the impact of CSA on children ranging in age from eight to 11 years, using self-report measures and parent or caretaker reports. Results indicate that male and female children who have been sexually abused report more feelings of isolation and depression than children who have not been abused. Additionally, these children were described by parents or caregivers as more aggressive, more socially withdrawn, oversensitive to others' attitudes and rejections, showing a deficit in socially valued behaviors, and showing more inappropriate sexual behaviors than children who had not been abused. Male children who had been abused identified themselves as more aggressive in their interactions with others whereas female children identified themselves as more submissive. Similar findings have been found by other researchers (see Kobayashi, Sales, Becker, Figueredo, & Kaplan, 1995).

Belkin, Greene, Rodrigue, and Boggs (1994) compared scores from the Minnesota Multiphasic Personality Inventory (MMPI) of clinic patients who had histories of sexual abuse with the scores of clinic patients who did not have such histories. Results indicate that those with CSA histories had higher elevations on Scale 8 (Schizophrenia) and Scale 4 (Psychopathic Deviance) than non-abused individuals. Additionally, abused individuals were more likely to

endorse antisocial tendencies, paranoia, anxiety, schizoid features, hypomania, and social introversion than their non-abused counterparts.

Deblinger, McLeer, Atkins, Ralphe, and Foa (1989) investigated the rates of post-traumatic stress disorder symptoms among in-patient children who had histories of sexual and physical abuse with in-patient children who did not have such histories. They found that abused children had higher rates of PTSD symptoms, with sexually abused children having the highest rates. Additionally, children with CSA histories exhibited higher rates of sexually inappropriate behaviors than other children. Children who were sexually abused and those who were physically abused tended to exhibit more avoidant/dissociative symptoms than nonabused children.

In conclusion, individuals with CSA histories are more likely to have some sort of psychopathology than individuals who do not have CSA histories. Specifically, individuals with CSA histories report greater relationship problems. They are more likely to experience negative reactions from others or feelings of personal vulnerability, be described as overly sensitive to others' attitudes and rejections, be described as socially withdrawn, fear being manipulated or used by others, have a greater frequency of sexual experiences, show greater amounts of inappropriate sexual behaviors, act more aggressively, have difficulty forming emotional bonds with others, and generally report greater dysfunction in their relationships than those who do not have CSA histories. Additionally, individuals with CSA histories are more likely to report posttraumatic stress, depressive, and generalized anxiety symptoms; report having participated in mental health treatment at a younger age; have attempted suicide and report current suicidal ideation; be diagnosed with borderline personality disorder or antisocial personality disorder; report feelings of shame; and exhibit avoidant/dissociative symptoms than individuals who do not have CSA histories. In the next section, literature examining the specific relationship

between CSA and attachment will be discussed.

*Attachment and Sexual Abuse*

In examining recent literature on the effects of trauma on attachment styles Cassidy and Mohr (2001) identified a number of experiences that were related to disorganized-insecure attachment. These factors include child/infant maltreatment, child/infant sexual abuse, and physical abuse. Likewise, McCarthy and Taylor (1999) investigated the role of attachment style, self esteem, and relationship attributions in regard to childhood abusive experiences and adult relationship difficulties in women. Their results suggest a relationship between child abuse experiences and adult attachment, with individuals in the child abuse group being more likely to have insecure attachment styles than those in the other group. Likewise, participants with child abuse experiences were more likely to have relationship difficulties than other participants. However, using path analysis they found that avoidant or ambivalent attachment style seemed to mediate the effect of child abuse on relationship difficulties. This means that while the variation in child abuse accounted for the variation in attachment style and the variation in attachment style accounted for the variation in relationship difficulties, the previously statistically significant relation between child abuse and relationship difficulty was no longer statistically significant when the path between child abuse and attachment style and the path between attachment style and relationship difficulty were controlled for.

Likewise, Shapiro and Levendosky (1999) found that CSA was negatively correlated with a secure attachment, implying that the experience of CSA may lead to an insecure attachment. In addition, similar to the findings of McCarthy and Taylor (1999), they found that attachment seems to mediate the effects of CSA on psychological distress and interpersonal conflict. As stated earlier, Styron and Janoff-Bulman (1997) obtained similar results.

In addition, in a retrospective survey study by Liem and Boedewyn (1999), participants

were given various questionnaires in order to examine the effects of childhood stressors, particularly childhood sexual abuse (CSA), on variables characteristic of one's internal working model of self and other. Using path analysis, the results suggested that the experience of childhood maltreatment and loss predicted the frequency of exposure to CSA. Childhood sexual abuse experiences, in turn, was correlated with depression and low self-esteem in adulthood. Additionally, frequent experiences of CSA predicted adult victimization. The frequency of childhood loss and maltreatment experiences was associated with self-blame in response to CSA. Individuals who responded to CSA with self-blame were likely to experience greater interpersonal problems as adults. This finding is similar to that of Gross and Hansen (2000), who found that individuals who experience high levels of shame are likely to have preoccupied and fearful attachments.

Finally, Styron and Janoff-Bulman (1997) examined the contributions of early attachment and abuse history to adult attachment, depression, and conflict resolution behaviors using Hazan and Shaver's (1987) attachment questionnaire to measure perceptions of childhood attachment and Bartholomew and Horowitz's (1991) attachment questionnaire to measure adult attachment. Results indicate that participants abused as children were less secure in childhood and adult attachments than those who denied childhood abuse. Additionally, these insecure participants were more depressed and more likely to use destructive behaviors do deal with conflict than their non-abused counterparts. Further analysis of the results suggested that the long-term effect of childhood abuse may be mediated by childhood attachments. One problem with this last finding is that recent research (Lewis, Feiring, & Rosenthal, 2000; Scharfe & Bartholomew, 1998) questions the reliability of recollections of childhood attachments in adults.

*Hypotheses*

The above literature review indicates that the experience of CSA contributes to insecure attachment styles. However, one component of the influence of CSA on attachment that has been neglected is the specific factors of the CSA experience that have greater predictive value for insecure attachments.

One such factor is the age at which the abuse occurred. Albus and Dozier (1999) observed significant insecure attachment behaviors in abused foster care children as young as 18-months old. Similarly, Mendel (1992) noted greater disturbance among males who were abused at an earlier age and Holmes (1997) states that attachment prototypes become internalized as self-narrative from ages 3 to 5. Likewise, Liem and Boudewyn (1997) found that maltreatment or loss experiences, especially those before age 5, were associated with the self-blaming CSA victims have in response to the abuse experience. This self-blaming response predicted poorer functioning in adult relationships. Therefore, trauma experienced during early childhood is likely to have a greater effect on a person's later attachments than trauma experienced later on.

In addition to age, Mendel (1992) noted that males who experienced more severe CSA (e.g., threat, penetration, etc.) reported greater distress. Similarly, Marshall, Serran, and Cortoni (2000) report that CSA sex offenders experienced greater amounts of CSA than CSA non-offenders. In general, living in an environment that is highly threatening has been found to be predictive of greater insecure attachment behaviors than living in an environment that is not as threatening (Mikulincer, Horesh, Eilati, and Kotler, 1999). Therefore, males who experience more severe forms of CSA are likely to have more insecure attachments than males whose CSA experiences were less severe. In a related vain, males who have been abused with greater frequency have reported greater psychological distress (Liem & Boudewyn, 1999; Mendel,

1992), indicating that greater frequency is related to more insecure attachments. Additionally, prior victimization often predicts subsequent sexual victimization in both males and females (Boney-McCoy & Finkelhor, 1995).

Regarding the perpetrator, males who have been abused by males (Mendel, 1992) often report more distress or psychological difficulties than those abused by females (Kobayashi, Sales, Becker, Figueredo, & Kaplan, 1995; Mendel, 1992). Additionally, males abused by their family members (Cassidy & Mohr, 2001; Feinauer, 1989; Marshall, Serran, & Cortoni, 2000; Mendel, 1992; Paris, Zweig-Frank, & Buzder, 1994) often report more distress or psychological difficulties than those abused by strangers (Kobayashi, Sales, Becker, Figueredo, & Kaplan, 1995).

Finally, CSA survivors whose parents support them and do not blame them for the abuse have less psychological distress than those whose parents do not support them and blame them for the abuse (Elliott, Carnes, 2001; Leifer, Kilbane, & Grossman, 2001). Therefore, males who perceive less support from their families are likely to have more insecure attachments than males who perceive more support from their families.

Therefore, based on the above literature review, it was hypothesized that:

1. Males who were abused by a male would be more likely to have an insecure attachment than males who were abused by a female.
2. Males who were abused for a longer period of time (e.g., over a year) would be more likely to have an insecure attachment than males who were abused for a shorter period of time (e.g., less than a year).
3. Males who were abused at an earlier age would be more likely to have an insecure attachment than males who were abused at a later age.
4. Males who perceived family support once their family found out about the abuse

would be less likely to have an insecure attachment than males who did not perceive family support.

5. Males who were abused by a family member would be more likely to have an insecure attachment than males who were abused by a stranger.
6. Males who were abused more frequently (e.g., more than once) would be more likely to have an insecure attachment than males who were abused less frequently (e.g., only once).
7. Males who were abused more severely would be more likely to have an insecure attachment than males who were abused less severely.

# CHAPTER III

# METHODOLOGY

## *Procedures and Participants*

Individuals learned about this study from various counseling clinics and private practices taken from the membership directory of Male Survivor: National Organization against Male Sexual Victimization, an advertisement on the Male Survivor website (www.malesurvivor.org), Austin & Austin Counseling Services, Raymond Finn and Associates, and the AIDS Outreach Center of Fort Worth.

Each participating organization, counseling center, or private practice was sent a packet of information describing the nature of the study. Included in each packet (See Appendix A) was a letter to the therapist or clinic director, fliers advertising the study for the therapist or clinic director to post in a prominent place, and an information sheet for the therapist or clinic director to give to each potential participant. This information sheet described the study and included a return slip for the potential participant to fill out and mail in the self-addressed stamped envelop to the researcher's university address.

Individuals who responded to the advertisement on the Male Survivor website were sent an email describing the study and requirements for participation in more detail (See Appendix C) and a follow-up email (See Appendix C) if they agreed to participate.

Once individuals agreed to participate they were sent a packet (See Appendix B) which included a cover letter, two questionnaires, a list of counselors and psychologists who specialize in male sexual abuse, and a lottery pool participation form. Each set of questionnaires was assigned an identifying number prior to being sent to the potential participant. These identifying numbers were not matched with participants' personal information, so researchers could not identify questionnaires with participants. This was done to ensure that participation and

participants' personal information were kept confidential. The exception being when a participant agreed to have his name placed in the lottery pool. When participants agreed to this, they sent their name and address to the researcher in a separate envelop so it could not be matched with the information they provided on the questionnaires. In this way, their participation was known to the researcher only if they agreed to participate in the lottery pool.

A list of counselors and psychologists who specialize in male sexual abuse was made available to assist participants who experienced any distressing feelings or memories as a result of participation. These counselors and psychologists were obtained from a referral list on the Male Survivor website and from a membership directory of counselors and psychologists who belong to the Male Survivor organization and were chosen in relation to their physical location to each potential participant.

It was emphasized to participants that they were free to terminate participation at any moment during the study with no obligations to complete the study. Additionally, it was emphasized that even though an individual may decide not to participate in the study, he may still include his name in the lottery pool if he chose.

One hundred and forty-one individuals initially responded to advertisements to participate in this study and were sent questionnaires. Of the 141 questionnaires mailed out, 83 (58.83%) were returned. Six (4.26%) questionnaires were unusable either because the participants did not follow coding instructions or they provided too little information. Five (3.55%) other questionnaires provided adequate information for all variables with the exception being information regarding the amount of perceived support they received from family members. All together, information from 72 (51.06%) questionnaires was included in all analyses. All participants were male. Demographic information can be seen in Table 1.

Table 1

*Description of the Sample Population.*

| Variable | Frequency | Percent | Cumulative Percent |
|---|---|---|---|
| | | Marital Status | |
| Never Married | 26 | 33.8 | 33.8 |
| Married/L. together | 31 | 40.3 | 74.0 |
| Separated | 7 | 9.1 | 83.1 |
| Divorced | 12 | 15.6 | 98.7 |
| Widowed | 1 | 1.3 | 100.0 |
| | | Ethnicity | |
| Black | 2 | 2.6 | 2.6 |
| White | 65 | 84.4 | 87.0 |
| Hispanic | 3 | 3.9 | 90.9 |
| Native American | 2 | 2.6 | 93.5 |
| Asian/Pacific Islander | 1 | 1.3 | 94.8 |
| Other | 4 | 5.2 | 100.0 |
| | | Age ($M$ = 45.94, $SD$ = 10.48) | |
| 27-38 | 19 | 24.7 | 24.7 |
| 39-45 | 19 | 24.7 | 49.7 |

Table 1
(continued)

| Variable | Frequency | Percent | Cumulative Percent |
|---|---|---|---|
| Age ($M$ = 45.94, $SD$ = 10.48) | | | |
| 46-53 | 19 | 24.7 | 74.0 |
| 54-70 | 20 | 26.0 | 100.0 |
| Income | | | |
| 10,000-20,000 | 21 | 27.3 | 27.3 |
| 20,000-30,000 | 13 | 16.9 | 44.2 |
| 30,000-40,000 | 12 | 15.6 | 59.7 |
| 40,000-50,000 | 9 | 11.7 | 71.4 |
| Over 50,000 | 22 | 28.6 | 100.0 |
| In Therapy | | | |
| No | 37 | 48.1 | 48.1 |
| Yes | 40 | 51.9 | 100.0 |
| Time in Therapy ($M$ = 56.22, $SD$ = 76.81) | | | |
| 0-7 Months | 19 | 24.7 | 24.7 |
| 8-24 Months | 19 | 24.7 | 49.7 |
| 25-67 Months | 19 | 24.7 | 74.0 |
| 68-420 Months | 20 | 26.0 | 100.0 |

*Instruments*

Victimization Measure: Data on childhood sexual abuse were obtained using the Childhood Sexual Experiences Questionnaire (CSEQ), created for this study. The CSEQ was based upon a self-report measure of childhood victimization by Finkelhor (1978), a self-report measure of childhood victimization by Mendel (1992), and a structured interview of childhood abuse by Chaffin, Wherry, Newlen, Crutchfield, and Dykman (1997).

This questionnaire (See Appendix B) was composed of three sections. In the first section, participants were asked seven demographic questions, including the participant's gender, marital status, ethnicity, age, whether the participant was being seen by a therapist at the time of the study, and how long the participant has been in therapy.

In the second section, participants were asked to identify various sexual experiences they had prior to age 12 by responding "Unsure," "Never," "Rarely," "Sometimes," "Frequently," and "Very Frequently" to specific sexual incidents derived from the Abuse Dimensions Inventory (Chaffin, Wherry, Newlin, Crutchfield, & Dykman, 1997) and similar inventories used by Finkelhor (1978) and Mendel (1992). Responses were coded from 1 to 6, with "Unsure" being coded as 1 and "Very Frequently" being coded as 6. Incidents range from a request by someone to participate in a sexual act to actual intercourse. These child sexual abuse experiences were ordered and rated from least to most involved, similar to the ordering and rating empirically developed by Chaffin, et al (1997) (i.e., "An invitation/request to do something sexual or talk in a sexual way," received a score of 1; "You touching another person's genitals," received a score of 8; while "Being involved in ritual and satanic abuse or sexualized torture" received a score of 16). This scale was developed to measure the frequency of child sexual abuse experiences, and the severity of the experiences.

A principal components analysis was conducted on this scale using the coding system (1 = Unsure, 2 = Never, 3 = Rarely, 4 = Sometimes, 5 = Frequently, and 6 = Very Frequently) in order to reduce the severity-frequency items to the smallest number of factors that account for the total variance of these items (Bryant & Yarnold, 1995; Dunteman, 1989). The Kaiser-Meyer-Olkin measure of sampling adequacy (.83) and the Bartlett's test of sphericity indicated that such an analysis was appropriate, $\chi^2$ (120, N = 77) = 651.81, $p < .001$. Kaiser's stopping rule, extracting eigenvectors with eigenvalues of at least 1, was used. According to Stevens (1996), Kaiser's stopping rule should be used for analyses in which there are fewer than 30 variables and the communalities are greater than .70. Critical value for the correlation coefficient at $\alpha = .01$ (two-tailed test) was .292 for an *N* of 77. Therefore, loadings on each component > 2(.29) = .584 in absolute value are declared statistically significant, as suggested by Stevens (1996). Four factors resulted from this analysis and explained 68.70% of the variance. Since the fourth factor included only one item ("Being involved in ritual and satanic abuse or sexualized torture") and since relatively few individuals affirmatively indorsed this item ("Unsure," *n* = 4; "Never," *n* = 62; "Rarely," *n* = 2; "Sometimes," *n* = 3; and "Frequently," *n* = 6), this factor was dropped from additional analyses. The three remaining factors included in the analysis (See Table 2) explained 62.33% of the variance. These results are similar to those found by Chaffin, et al, although the rating system used was slightly different.

Table 2

*Rotated Component Matrix for Principal Components Analysis of Childhood Sexual Abuse Incidents*

| Incident Items | Component | | | |
|---|---|---|---|---|
| | 1 | 2 | 3 | 4 |
| 1. An invitation/request to do something sexual or talk in a sexual way | .52 | .42 | .45 | -.01 |
| 2. Kissing and hugging in a sexual way | .26 | .36 | .57 | -.28 |
| 3. Another person showing his/her genitals to you | .67 | .31 | .39 | .00 |
| 4. You showing your genitals to another person | .70 | .29 | .22 | -.01 |
| 5. Another person fondling you over your clothes | .24 | .69 | .42 | .17 |
| 6. You fondling another person over his/her clothes | .39 | .69 | -.00 | -.01 |
| 7. Another person touching your genitals (e.g., fondling under clothes) | .71 | .38 | .27 | -.00 |
| 8. You touching another person's genitals | .79 | .15 | .16 | -.00 |
| 9. Simulated intercourse over clothes | .01 | .85 | -.13 | .01 |

Table 2
(continued)

| Incident Items | Component | | | |
|---|---|---|---|---|
| | 1 | 2 | 3 | 4 |
| 10. Masturbating another person or being involved in another person's masturbation | .81 | .11 | .17 | .18 |
| 11. Simulated intercourse under clothes (e.g., no penetration) | .11 | .80 | .26 | .00 |
| 12. Oral contact--other person to your genitals | .65 | .00 | .18 | .41 |
| 13. Oral contact--you to other person's genitals | .70 | .00 | .00 | .52 |
| 14. Digital (e.g., finger) or object penetration | .19 | .01 | .77 | .27 |
| 15. Another person engaging in anal intercourse with you (including unsuccessful attempts) | .29 | -.01 | .68 | .29 |
| 16. Being involved in ritual and satanic abuse or sexualized torture | .01 | .01 | .20 | .82 |

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

Seven items (3, 4, 7, 8, 10, 12, and 13) obtained loadings exceeding .584 on the first component ($\lambda = 6.83$), four items (5, 6, 9, and 11) met the requirement on the second component ($\lambda = 1.95$), and only two items (14 and 15) obtained large enough loadings on the third item ($\lambda = 1.19$). Qualitative interpretations of these results indicate that the items loading on the first component directly involve the genitals (e.g., "Another person showing his/her genitals to you," "You showing your genitals to another person," "Another person touching your genitals," "You touching another person's genitals," etc.). Items loading on the second component appear to involve more of the whole body (i.e., "Another person folding you over your clothes," "You fondling another person over his/her clothes," "Simulated intercourse over clothes," "Simulated intercourse under clothes"). Finally, items loading on the third component appear to involve direct or attempted penetration (i.e., "Digital [e.g., finger] or object penetration," "Another person engaging in anal intercourse with you [including unsuccessful attempts]"). Therefore, the first component is labeled "Genital Involvement," and yielded a coefficient alpha of .90. The second component is labeled "Whole Body Involvement," and yielded a coefficient alpha of .82. The third is labeled "Penetration," and yielded a coefficient alpha of .66. These items seem to incorporate the severity of each incident by successively becoming more physically involved. These three components are similar to those reported by Mendel (1992), which were categorized as Mild (e.g., sexual invitations or requests, kissing or hugging in a sexual manner, exhibitionism, voyeurism, and exposure to pornography), Moderate (e.g., genital contact and fondling that did not result in intercourse), and Severe (e.g., anal, oral, and vaginal intercourse).

These three components were used to create three indices for severity/frequency of the abuse experiences. Scores were tabulated by summing products between the severity ratings of each item and the frequency rating of each item that loaded on their respective components. Severity was computed by rating each event from least to most involved, with each item

receiving a score of one point greater than the previous item, as stated above. Frequency was computed using the method described above whereby frequency responses were recoded ("Unsure" and "Never" received a score of 0; "Rarely," 1; "Sometimes," 2; "Frequently," 3; and "Very Frequently," 4). These scores were used as indices for measuring severity and frequency: Genital Involvement, Whole Body Involvement, and Penetration. However, these indices can be separated into severity and frequency indices to capture more information. Severity scores can be computed by summing the ratings of the ordered items according to the components on which each item loaded. This method is similar to that used by Arata (1999) and would yield three severity scores: Severity-Genital Involvement, Severity-Whole Body Involvement, and Severity-Penetration. Similarly, frequency scores can be computed by summing the frequency ratings according to the components on which each item loaded, which would yield three frequency scores: Frequency-Genital Involvement, Frequency-Whole Body Involvement, and Frequency-Penetration.

Following these questions was a list of various individuals who might have been involved in the abuse experience. This list covered a variety of relationship roles from family (e.g., mother, father, aunt, uncle, etc.), to peers (e.g., friend, person you knew but now friend), to authoritative roles (e.g., teacher, coach, camp counselor). Participants were asked to place a check next to the relationship descriptor for all individuals who were involved in the above experiences. Once this information was collected, two variables were composed. The first (Relationship I) simply stated whether the perpetrator was a family member or not (Family member = 1, Not family member = 0), the second (Relationship II) provided more information regarding this relationship (Parent = 0, Aunt/Uncle = 1, Sibling = 2, Other = 3), according to their role as a possible attachment figure.

This section ended with a question about the age when the above experiences discontinued. For the purpose of this study, childhood was defined as age 12 and younger. Therefore, only experiences that occurred during this age range were included in this study. A duration variable was created using this response and a question in the third section about the age of the victim's first experience.

In the third section participants were asked to answer specific questions about three abuse experiences that occurred prior to age 12. For the first experience, participants were asked to answer questions regarding the earliest experience they could recall. For the second and third experiences, they were asked to answer the same questions. However, this time they were asked to answer the questions with regards to their most traumatic experiences. Items in this section included questions about their age (in years) at the time of the abuse experience, the perpetrator's gender (Male only = 0, At least female = 1) and relationship to the participant, the abuse experience with this perpetrator using the same sexual experience items as before, and various reactions of others whom the victim told about this specific experience. Family support was assessed by two questions on the CSEQ: 1) How supportive of you was each person who you told? And 2) In general, how supportive were other family members? *If you did not tell a family member, how supportive do you* think *they would have been?* For each question participants identified a person they might have told about this experience and rated that person's support using a five-point Likert scale ranging from 1, not at all supportive, to 5, very supportive. Ratings from family members were averaged to produce a final score of family support. Following this section was space for participants to elaborate on their experiences if they chose.

Attachment Measure: Attachment was measured using the Adult Attachment Questionnaire (AAQ; Simpson, Rholes, and Phillips, 1996). The conceptualization of attachment for this questionnaire corresponds with that of Bartholomew (see Literature Review). This is a

17-item Likert measure yielding scores on two scales: Avoidance and Ambivalence (anxious). Greater attachment security is defined by lower scores on each scale. An examination of the 17 AAQ items revealed two dimensions corresponding to Bartholomew's dimensions: model of self and model of other (Griffin & Bartholomew, 1994; Simpson, Rholes, & Phillips, 1996). The Avoidance index has yielded coefficient alphas of .70 for men and .74 for women. For the Ambivalence index, coefficient alphas have been .72 for men and .76 for women (Simpson, Rholes, & Phillips, 1996). For the current study, the Avoidance index yielded a coefficient alpha of .79 while the Ambivalence index yielded a coefficient alpha of .82. See Appendix B for the test items and scoring methods.

*Description of Data Analysis*

Multivariate multiple regression analysis was used to examine the influence of the predictor variables (a) age of onset of CSA ($X_1$), (b) severity and (c) frequency of CSA ($X_2$, $X_3$, and $X_4$), (d) gender of the abuser ($X_5$), (e) relationship of the abuser to the participant ($X_6$), (f) duration of the abuse ($X_7$), and (g) family support ($X_8$) on the two scores from the attachment measure ($Y_1$ and $Y_2$). The utility of multiple regression allows a researcher to study the collective and separate contributions of one or more given independent variables in explaining the variation of a dependant variable (Licht, 1995; Wampold & Freund, 1987).

General Linear Modeling (GLM) of SPSS 11.0 was used to analyze the data. Multivariate analyses have become increasingly popular among behavioral researchers towards the end of the last century (Grimm & Yarnold, 1995). According to Thompson (1986, 1994) and Daniel (1990), multivariate methods are vital to behavioral research because they best honor the reality to which the researcher is trying to generalize, one "in which the researcher cares about multiple outcomes, in which most outcomes have multiple causes, and in which most causes have multiple effects" (Thompson, 1986, p.9).

Therefore, in multivariate regression, a set of predictors is used to predict several dependent variables (Stevens, 1996). The model for multiple regression and for multivariate regression is identical,

$$y = X \beta + e,$$

where *y* is the vector of scores on the dependent variable, *X* is the matrix of scores on the predictor variables, *e* is the vector of errors, and $\beta$ is the vector of regression coefficients. However, in multivariate regression, the *y*, $\beta$, and *e* vectors become matrices (Stevens, 1996).

# CHAPTER IV

# RESULTS

## *Descriptive Statistics*

Descriptive statistics for the 17 variables used in this study are presented in Tables 3, 4, 5, and 6. Most of the variables have a relatively normal univariate distribution. The exceptions are General Support, which is positively skewed and highly peaked; Whole Body Involvement and Frequency-Penetration, which are positively skewed; Genital Involvement, Severity-Whole Body Involvement, and Severity-Penetration, all of which lack a notable peak; and Severity-Genital Involvement, which is negatively skewed. Examination of histograms for these variables indicates that the Severity-Penetration predictor appears somewhat bimodal, with a higher concentration of scores at either end of the distribution (see Figure 2). The Genital Involvement predictor appears to have the greatest amount of spread (see Figure 3), which is expected given that there were a greater number of child sexual experience items that loaded on this component in the principal components analysis (see Methods). Although these variables may not be perfectly normal, it is important to note that skewness and kurtosis have only a slight effect on significance testing or power (Stevens, 1996). The dependent variables Avoidance and Ambivalence generally appeared normal (see Figures 4 and 5). Avoidance was slightly negatively skewed as can be seen in Figure 4. The P-P plots (Figures 6 and 7) for these two variables indicate that normality is tenable because the plots resemble a fairly straight line.

Table 3

*Description Statistics of Predictor and Dependent Variables*

| Variable | Mean | *SD* | Variance | Skewness | Kurtosis | Min. | Max. |
|---|---|---|---|---|---|---|---|
| Duration (years) | 4.88 | 2.57 | 6.60 | -.26 | -.69 | .00 | 10.00 |
| Age at Abuse (years) | 6.38 | 2.34 | 5.48 | .47 | -.26 | 1 | 12 |
| General Support | 1.83 | 1.28 | 1.63 | 1.49 | 1.01 | 1 | 5 |
| Genital Involve. | 100.90 | 61.00 | 3721.41 | .10 | -.97 | .00 | 228.00 |
| Whole Body | 32.22 | 31.75 | 1008.07 | .96 | .15 | .00 | 124.00 |
| Penetration | 33.12 | 32.53 | 1058.21 | .93 | .21 | .00 | 116.00 |
| Frequency | 13.23 | 7.21 | 52.00 | .04 | -.83 | .00 | 28.00 |
| Genital Frequency | 4.39 | 4.11 | 16.93 | .81 | -.17 | .00 | 16.00 |
| Whole Body Frequency | 2.27 | 2.24 | 5.02 | .95 | .25 | .00 | 8.00 |
| Penetrate Severity | 42.06 | 18.03 | 325.01 | -1.04 | -.07 | .00 | 57.00 |
| Genital | | | | | | | |

Table 3
(continued)

| Variable | Mean | *SD* | Variance | Skewness | Kurtosis | Min. | Max. |
|---|---|---|---|---|---|---|---|
| Severity Whole Body | 15.35 | 11.90 | 141.68 | .08 | -1.50 | .00 | 31.00 |
| Severity Penetrate | 16.44 | 12.07 | 145.64 | -.27 | -1.51 | .00 | 29.00 |
| Avoidance | 38.26 | 8.64 | 74.64 | -.66 | .54 | 14 | 54 |
| Ambiva-lence | 40.79 | 10.86 | 117.93 | .10 | -.73 | 18 | 63 |

Table 4

*Gender of Abusers Throughout Abuse History*

| Variable | Frequency | Percent |
|---|---|---|
| Male only | 45 | 58.4 |
| Female/Female and Male | 32 | 41.6 |
| Total | 77 | 100.0 |

Table 5

*Relationship of Victim with Relationship I*

| Variable | Frequency | Percent |
|---|---|---|
| No family member | 37 | 48.1 |
| Family member | 40 | 51.9 |
| Total | 77 | 100.0 |

Table 6

*Relationship of Victim with Relationship II*

| Variable | Frequency | Percent |
|---|---|---|
| Parent | 16 | 20.8 |
| Uncle, Aunt, Grandfather | 8 | 10.4 |
| Sibling | 16 | 20.8 |
| Other | 37 | 48.1 |
| Total | 77 | 100.0 |

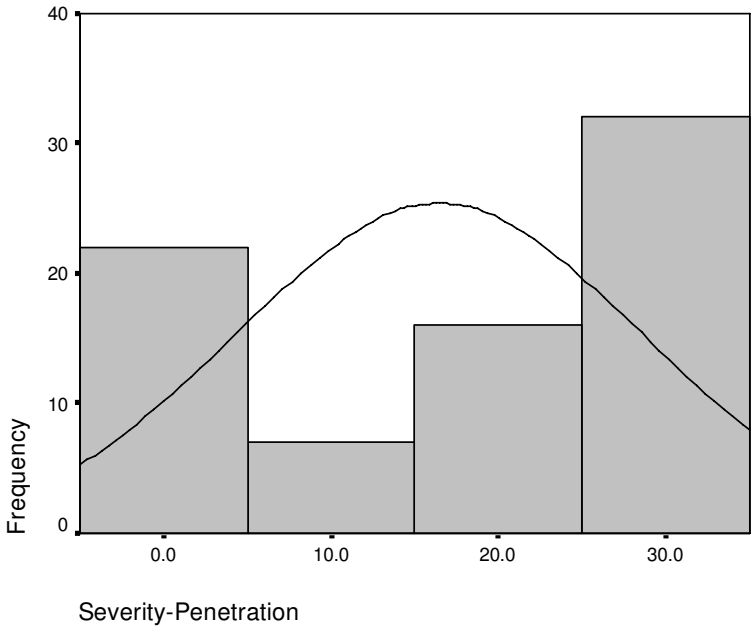


*Figure 2*. Histogram of Severity-Penetration.

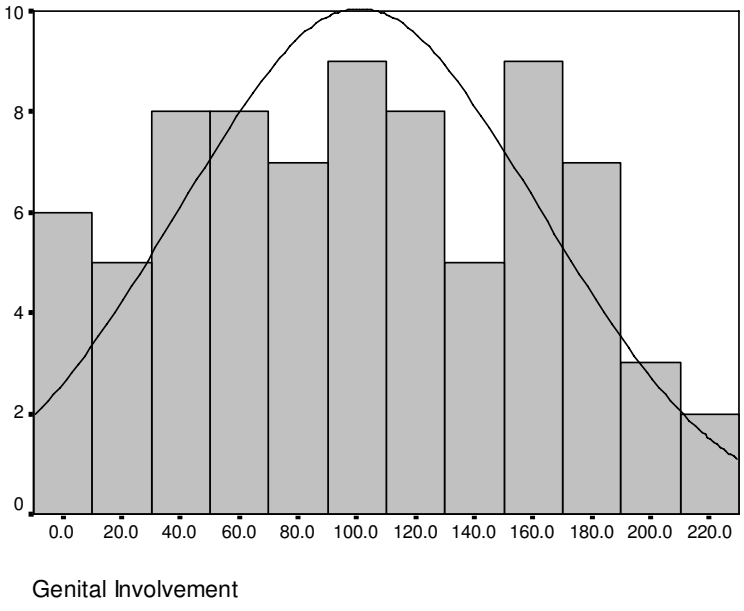


*Figure 3*. Histogram of Genital Involvement.

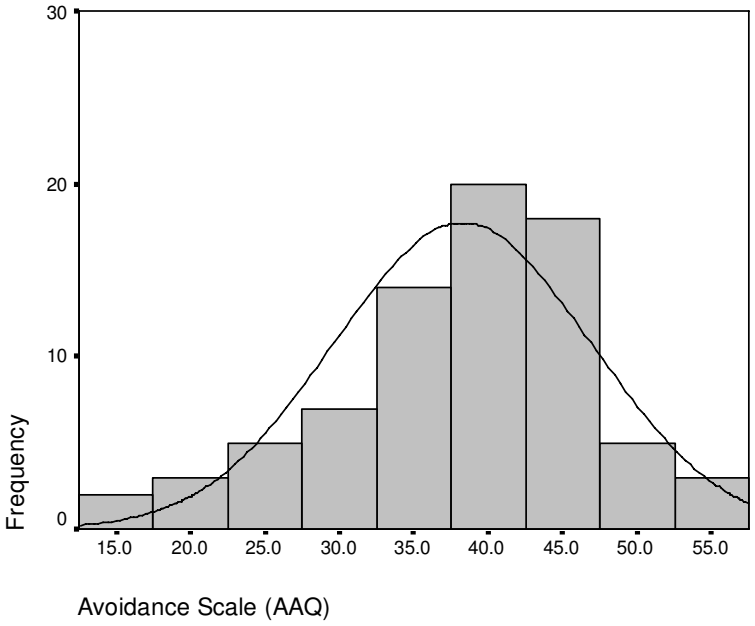


*Figure 4*. Histogram of Avoidance Scale.

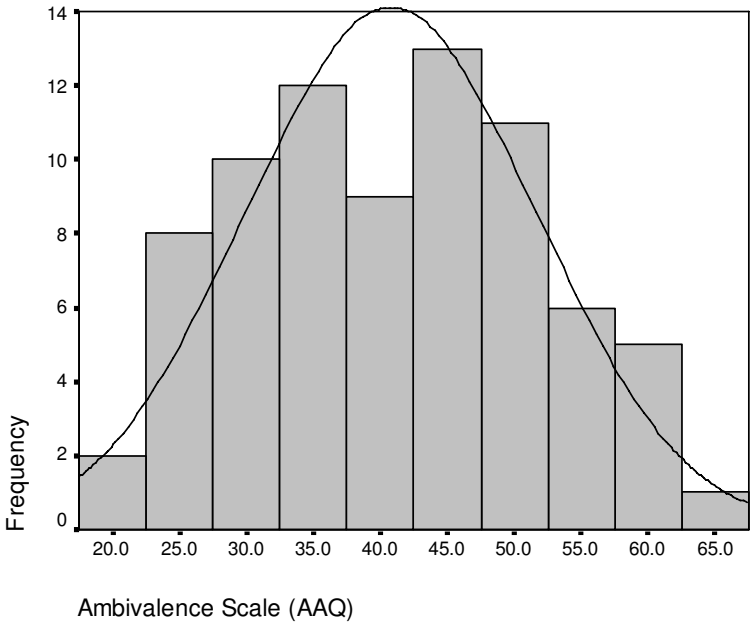


*Figure 5*. Histogram of Ambivalence Scale.

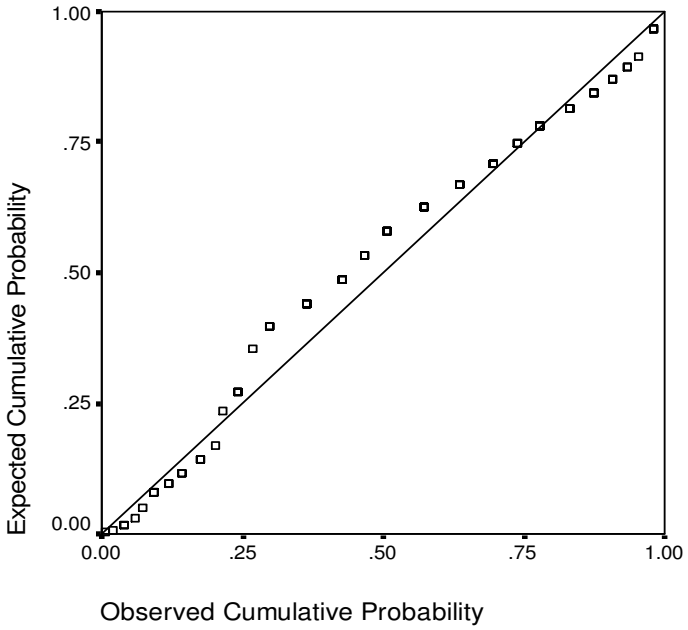


*Figure 6*. Normal P-P Plot of Avoidance Scale.

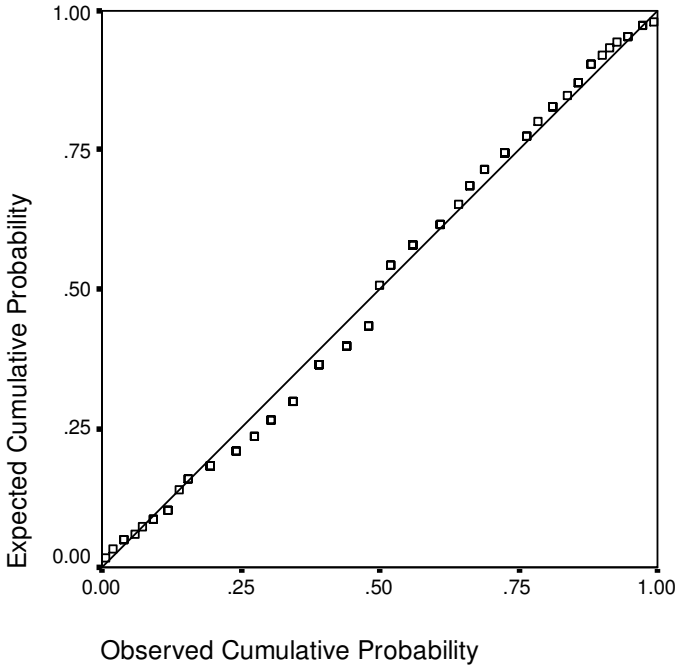


*Figure 7*. Normal P-P Plot of Ambivalence Scale.

*Multivariate Analyses*

As stated in chapter three, General Linear Modeling (GLM) of SPSS 11.0 was used to run these regression models. Because five participants failed to provide information on the level of support they perceived from their family members, information from only 72 participants was included for all regression analyses. The a priori multivariate analysis included predictors Relationship I (Family = 1, No family = 0), Abuser's Gender (Male only = 0, Female/Female and Male = 1), Age at Abuse, Duration of Abuse, General Support, Genital Involvement, Whole Body Involvement, and Penetration. Dependent variables for all multivariate analyses included the Avoidance and the Ambivalence indices of the Adult Attachment Questionnaire (AAQ). Results including these variables in the model yielded an $R^2$ of .17 ($p$ = .13) for Avoidance and an $R^2$ of .10 ($p$ = .57) for Ambivalence. Additionally, none of the parameters including these predictor variables in this model obtained statistical significance (see Table 7). Duration trended toward statistical significance for Avoidance ($p$ = .09), but not for Ambivalence ($p$ = .90).

Table 7

*Parameter Estimates for Initial Multivariate Analysis*

| Dependent | Parameter | *B* | *SE* | *t* | Sig. |
|---|---|---|---|---|---|
| Avoidance | Intercept | 53.11 | 8.67 | 6.13 | .00 |
| | [Gender=0] | -.97 | 2.13 | -.46 | .65 |
| | [Gender=1][a] | 0 | . | . | . |
| | [Relation I=0] | -3.03 | 2.17 | -1.39 | .17 |
| | [Relation I=1][a] | 0 | . | . | . |
| | Duration | -1.37 | .80 | -1.71 | .09 |
| | Age at Abuse | -.71 | .84 | -.84 | .40 |

Table 7
(continued)

| Dependent | Parameter | *B* | *SE* | *t* | Sig. |
|---|---|---|---|---|---|
| Avoidance | Support | -1.04 | .81 | -1.282 | .2 |
| | Genital | .00 | .02 | .36 | .72 |
| | Whole Body | -.01 | .04 | -1.44 | .16 |
| | Penetrate | .00 | .04 | .95 | .35 |
| Ambivalence | Intercept | 44.71 | 11.47 | 3.90 | .00 |
| | [Gender=0] | .78 | 2.82 | .28 | .78 |
| | [Gender=1][a] | 0 | . | . | . |
| | [Relation I=0] | -2.25 | 2.87 | -.78 | .44 |
| | [Relation I=1][a] | 0 | . | . | . |
| | Duration | -.13 | 1.06 | -.12 | .90 |
| | Age at Abuse | -.89 | 1.11 | -.80 | .43 |
| | Support | .75 | 1.08 | .70 | .49 |
| | Genital | .00 | .03 | 1.51 | .14 |
| | Whole Body | -.01 | .05 | -1.41 | .16 |
| | Penetrate | -.00 | .05 | -.22 | .82 |

a. This parameter is set to zero because it is redundant.

Because the variables used in this analysis had little predictive value, the predictors were examined more closely. It was decided to recode the variable Relationship I to capture more information. Therefore, this variable was divided into four categories (Parent = 0, Aunt/Uncle/Grandparent = 1, Sibling = 2, Other = 3), keeping in mind the relationship between the victim and each perpetrator as a potential attachment figure and safe haven. While the

predictors from this model indicated a slightly greater degree of prediction (Avoidance, $R^2$ = .21, $p$ = .13; Ambivalence, $R^2$ = .10, $p$ = .73), they continued to show little statistical significance. Duration (p = .08) and General Support ($p$ = .12) trended toward statistical significance for Avoidance, while Genital Involvement ($p$ = .14) continued to trend toward statistical significance for Ambivalence. Whole Body Involvement trended toward statistical significance for Avoidance ($p$ = .13) and Ambivalence ($p$ = .18) (see Table 8) as in the prior analysis.

Table 8

*Tests of Between-Subjects Effects with Relationship II*

| Source | Dependent Variable | *SS* | *df* | *MS* | *F* | Sig. |
|---|---|---|---|---|---|---|
| Corrected Model | Avoidance[a] | 1116.87 | 10 | 111.69 | 1.61 | .13 |
| | Ambivalence[b] | 875.39 | 10 | 87.54 | .70 | .73 |
| Intercept | Avoidance | 2541.75 | 1 | 2541.75 | 36.69 | .00 |
| | Ambivalence | 1712.56 | 1 | 1712.56 | 13.61 | .00 |
| Gender | Avoidance | 7.42 | 1 | 7.42 | .11 | .75 |
| | Ambivalence | 16.57 | 1 | 16.57 | .13 | .72 |
| Duration | Avoidance | 226.89 | 1 | 226.89 | 3.28 | .08 |
| | Ambivalence | .93 | 1 | .93 | .01 | .93 |
| Age at Abuse | Avoidance | 61.74 | 1 | 61.74 | .89 | .35 |
| | Ambivalence | 61.93 | 1 | 61.93 | .49 | .49 |
| Support | Avoidance | 176.57 | 1 | 176.57 | 2.55 | .12 |
| | Ambivalence | 48.81 | 1 | 48.81 | .39 | .54 |
| Genital | Avoidance | 9.62 | 1 | 9.62 | .14 | .71 |

Table 8
(continued)

| Source | Dependent Variable | *SS* | *df* | *MS* | *F* | Sig. |
|---|---|---|---|---|---|---|
| Genital | Ambivalence | 287.74 | 1 | 287.74 | 2.29 | .14 |
| Whole Body | Avoidance | 162.82 | 1 | 162.82 | 2.35 | .13 |
| | Ambivalence | 230.63 | 1 | 230.63 | 1.83 | .18 |
| Penetration | Avoidance | 102.91 | 1 | 102.91 | 1.489 | .23 |
| | Ambivalence | 7.43 | 1 | 7.43 | .06 | .81 |
| Relation II | Avoidance | 321.79 | 3 | 107.26 | 1.55 | .21 |
| | Ambivalence | 127.87 | 3 | 42.62 | .34 | .80 |
| Error | Avoidance | 4226.24 | 61 | 69.28 | | |
| | Ambivalence | 7676.49 | 61 | 125.84 | | |
| Total | Avoidance | 109920.00 | 72 | | | |
| | Ambivalence | 128847.00 | 72 | | | |
| Corrected | Avoidance | 5343.11 | 71 | | | |
| Total | | | | | | |
| | Ambivalence | 8551.875 | 71 | | | |

a. R Squared = .21
b. R Squared = .10

Finally, the severity-frequency scales were separated from each other in order to capture more information. This was done by summing the frequency scores for each item that loaded on each respective component from the principal components analysis and summing each severity score for each item that loaded on each respective component. This yielded a total of eleven predictors. The $R^2$ scores for Avoidance and Ambivalence were .37 ($p$ = .01) and .15 ($p$ = .70), respectively. This was the final multivariate analysis that was completed, which included all the

variables from the original hypotheses, with the best predictive value (see Table 9). For a comparison of results for the various models employed, see Table 13.

Table 9

*Tests of Between-Subjects Effects with Frequency and Severity Partitioned*

| Source | Dependent Variable | *SS* | *df* | *MS* | *F* | Sig. |
|---|---|---|---|---|---|---|
| Corrected Model | Avoidance[a] | 2000.27 | 13 | 153.87 | 2.67 | .01 |
| | Ambivalence[b] | 1245.96 | 13 | 95.84 | .76 | .70 |
| Intercept | Avoidance | 1606.35 | 1 | 1606.35 | 27.87 | .00 |
| | Ambivalence | 1157.54 | 1 | 1157.54 | 9.19 | .00 |
| Gender | Avoidance | .00 | 1 | .00 | .00 | .98 |
| | Ambivalence | 33.46 | 1 | 33.46 | .27 | .61 |
| Duration | Avoidance | 32.84 | 1 | 32.84 | .57 | .45 |
| | Ambivalence | 21.35 | 1 | 21.35 | .17 | .68 |
| Age at Abuse | Avoidance | 5.14 | 1 | 5.14 | .09 | .77 |
| | Ambivalence | 18.77 | 1 | 18.77 | .15 | .70 |
| Support | Avoidance | 167.79 | 1 | 167.79 | 2.91 | .09 |
| | Ambivalence | 76.63 | 1 | 76.63 | .61 | .44 |
| Relation II | Avoidance | 292.58 | 3 | 97.53 | 1.69 | .18 |
| | Ambivalence | 55.15 | 3 | 18.38 | .15 | .93 |
| Frequency-Genital | Avoidance | 58.81 | 1 | 58.81 | 1.02 | .32 |
| | Ambivalence | 3.99 | 1 | 3.99 | .03 | .86 |

Table 9
(continued)

| Source | Dependent Variable | *SS* | *df* | *MS* | *F* | Sig. |
|---|---|---|---|---|---|---|
| Frequency-Whole Body | Avoidance | 489.23 | 1 | 489.23 | 8.49 | .01 |
| | Ambivalence | 168.84 | 1 | 168.84 | 1.34 | .25 |
| Frequency-Penetration | Avoidance | 547.94 | 1 | 547.94 | 9.51 | .00 |
| | Ambivalence | 186.37 | 1 | 186.37 | 1.48 | .23 |
| Severity-Genital | Avoidance | 170.08 | 1 | 170.08 | 2.95 | .09 |
| | Ambivalence | 198.69 | 1 | 198.69 | 1.58 | .21 |
| Severity-Whole Body | Avoidance | 395.75 | 1 | 395.75 | 6.87 | .01 |
| | Ambivalence | 48.76 | 1 | 48.76 | .39 | .54 |
| Severity-Penetration | Avoidance | 551.32 | 1 | 551.32 | 9.57 | .00 |
| | Ambivalence | 323.70 | 1 | 323.70 | 2.57 | .11 |
| Error | Avoidance | 3342.84 | 58 | 57.64 | | |
| | Ambivalence | 7305.91 | 58 | 125.96 | | |
| Total | Avoidance | 109920.00 | 72 | | | |
| | Ambivalence | 128847.00 | 72 | | | |
| Corrected Total | Avoidance | 5343.11 | 71 | | | |
| | Ambivalence | 8551.87 | 71 | | | |

a. R Squared = .37
b. R Squared = .15

Table 10

*Parameter Estimates for Model with Frequency and Severity Partitioned*

| Dependent Variable | Parameter | *B* | *SE* | *t* | Sig. |
|---|---|---|---|---|---|
| Avoidance | Intercept | 42.53 | 8.10 | 5.25 | .00 |
| | [Gender = 0] | .01 | 1.98 | .03 | .98 |
| | [Gender = 1][a] | 0 | . | . | . |
| | Duration | -.59 | .78 | -.76 | .45 |
| | Age at Abuse | -.24 | .79 | -.30 | .77 |
| | Support | -1.34 | .78 | -1.71 | .09 |
| | [Relation II = 0] | -1.03 | 2.64 | -.39 | .70 |
| | [Relation II = 1] | 1.46 | 3.21 | .46 | .65 |
| | [Relation II = 2] | 4.85 | 2.55 | 1.90 | .06 |
| | [Relation II = 3][a] | 0 | . | . | . |
| | Frequency-Genital | -.29 | .29 | -1.01 | .32 |
| | Frequency-Whole Body | -1.56 | .53 | -2.91 | .01 |
| | Frequency-Penetration | 2.64 | .86 | 3.08 | .00 |
| | Severity-Genital | .18 | .10 | 1.72 | .09 |
| | Severity-Whole Body | .47 | .18 | 2.62 | .01 |
| | Severity-Penetration | -.51 | .17 | -3.09 | .00 |
| Ambivalence | Intercept | 35.61 | 11.98 | 2.97 | .00 |
| | [Gender = 0] | 1.51 | 2.93 | .52 | .61 |
| | [Gender = 1][a] | 0 | . | . | . |
| | Duration | .48 | 1.15 | .41 | .68 |

Table 10
(continued)

| Dependent Variable | Parameter | *B* | *SE* | *t* | Sig. |
|---|---|---|---|---|---|
| Ambivalence | Age at Abuse | -.45 | 1.17 | -.39 | .70 |
| | Support | .90 | 1.16 | .78 | .44 |
| | [Relation II = 0] | 2.20 | 3.90 | .56 | .58 |
| | [Relation II = 1] | -.25 | 4.74 | -.05 | .96 |
| | [Relation II = 2] | 1.57 | 3.78 | .42 | .68 |
| | [Relation II = 3][a] | 0 | . | . | . |
| | Frequency-Genital | -.01 | .43 | -.18 | .86 |
| | Frequency-Whole Body | -.91 | .79 | -1.16 | .25 |
| | Frequency-Penetration | 1.54 | 1.26 | 1.22 | .23 |
| | Severity-Genital | .19 | .15 | 1.26 | .21 |
| | Severity-Whole Body | .16 | .26 | .62 | .54 |
| | Severity-Penetration | -.39 | .24 | -1.60 | .11 |

a. This parameter is set to zero because it is redundant.

Because of the small sample size employed in this model, the parameter estimates were difficult to interpret (see Table 10). However, examination of the beta coefficients indicates that as a person's score on Frequency-Whole Body Involvement and Severity-Penetration increases his scores on the Avoidance scale and the Ambivalent scale improves, which means he becomes less avoidant and less ambivalent. He is likely to be comfortable with intimacy and autonomy, being described as more secure than insecure with a positive model of self and a positive model of others. Conversely, as a person's scores on Frequency-Penetration and Severity-Whole Body

Involvement increases, so do his score on the Avoidance scale and the Ambivalence scale, which means he becomes more avoidant and more ambivalent. He is likely fearful of intimacy and socially avoidant, being described as more insecure than secure with a negative model of self and a negative model of others. The beta coefficients for Frequency-Whole Body, Frequency-Penetration, Severity-Whole Body and Severity Penetration were statistically significant on the Avoidance scale but not on the Ambivalence scale.

The beta coefficient for General Support, which trended toward an acceptable level of statistical significance, indicates that the greater amount of support a person perceives from family members, the less avoidant he is. In other words, he has a positive model of others. This pattern with General Support, though not statistically significant, was the opposite for ambivalence. This indicates that the more support these males felt from their family members with regards to the abuse experience, the more likely they were to have a positive model of others, but not a positive model of self. Therefore, while he may view others as less threatening, he may likely experience self-blame and be preoccupied with relationships.

In addition, trending towards an acceptable level of statistical significance, the beta coefficient for Severity-Genital Involvement indicates that as a person's score on this scale increases, the more avoidant he is. A similar result was found with regard to the Ambivalence scale, although this result was not near an acceptable level of statistical significance. Therefore, as a male experiences more severe forms of Genital Involvement (e.g., oral contact) he will likely have a negative model of self and a negative model of others. In other words, he will fearful of intimacy and socially avoidant. The opposite was true for the Frequency-Genital Involvement, though not statistically significant. As a male's score on this scale increased, his score on the Avoidance scale decreased substantially. Therefore, as such Genital Involvement experiences increase in frequency, he becomes less avoidant. He may continue to be fearful of

intimacy, but more likely to be preoccupied with relationships. While scores on the Ambivalence scale decreased with the increase of scores on the Frequency-Genital Involvement scale, the decrease was so minimal that it is hardly worth noting.

Other beta coefficients indicate that being abused by a male worsens his score on the Avoidance Scale and on the Ambivalence Scale. In other words, as a male is abused by another male, he will likely be more fearful of intimacy and socially avoidant than if he were abused by a female. Such a male has a negative model of self and a negative model of others.

The longer the duration of the abuse, the less avoidant a person is but the more ambivalent he is which means he has a positive model of others but a negative model of self. Therefore, he will likely be preoccupied with relationships and feel a sense of personal rejection if there is evidence the relationship is not working out.

The younger a person was at the time of the abuse, the greater his scores were on both scales. Therefore, being abused at an earlier age will increase the likelihood of having a negative model of self and a negative model of others. He will likely be fearful of intimacy and socially avoidant, being described as having a fearful attachment style.

On the Relationship II scale, as a person had been abused by a person more likely to be an attachment figure, he is less avoidant than if he had been abused by a person less likely to be an attachment figure. Results were not as predictable on the Ambivalence Scale (see Table 11). Rather, as a person had been abused by an immediate family member (parent or sibling) he is more ambivalent than if he had been abused by someone else (uncle/aunt/grandparent or another person).

Table 11

*Estimated Marginal Means for Relationship II*

| | | *M* | *SE* |
|---|---|---|---|
| Dependent Variable | Relationship II | | |
| Avoidance | Parent | 36.120[a] | 2.088 |
| | Uncle/Aunt/Grandparent | 38.607[a] | 2.877 |
| | Sibling | 41.995[a] | 2.060 |
| | Another Person | 37.150[a] | 1.418 |
| Ambivalence | Parent | 42.193[a] | 3.087 |
| | Uncle/Aunt/Grandparent | 39.743[a] | 4.253 |
| | Sibling | 41.562[a] | 3.045 |
| | Another Person | 39.991[a] | 2.096 |

a Evaluated at covariates appeared in the model: Duration of Abuse = 4.9583, Age at Abuse = 6.39, General Support = 1.83, Frequency-Genital Involvement = 13.1806, Frequency-Whole Body Involvement = 4.4722, Frequency-Penetration = 2.2917, Severity-Genital Involvement = 41.4861, Severity-Whole Body Involvement = 15.5139, Severity-Penetration = 16.3611.

*Regression Diagnostics*

*Linearity and Homoscedasticity*

In order to detect violations of assumptions for this model, a variety of diagnostic tests were employed. The first of which was a plot of the predicted values versus the standardized residual values (see Figures 8 and 9). According to Stevens (1996), the assumption of linearity in the regression model are considered tenable if the standardized residual values are scattered randomly about a horizontal line defined by $r_i = 0$. As can be seen by these plots, the linearity assumption for this model appears to have been met.

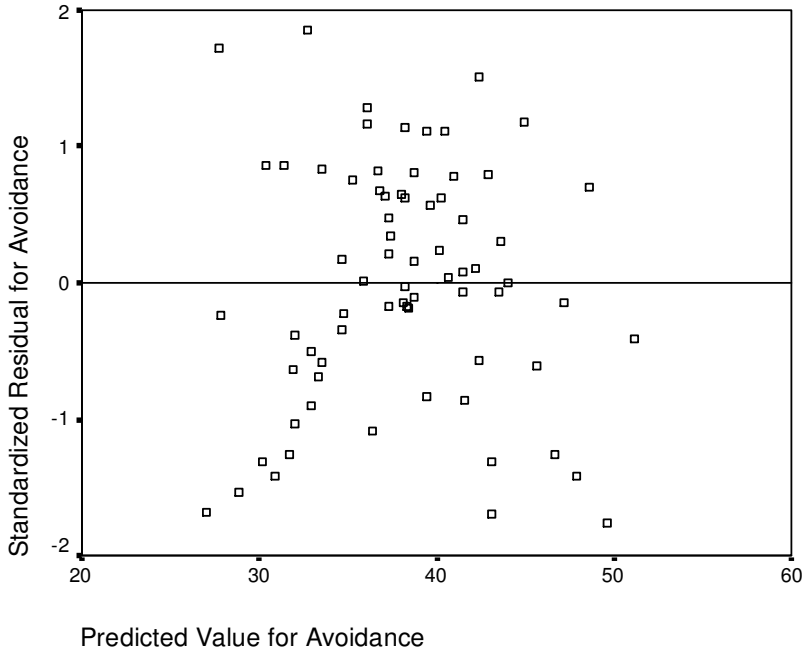


*Figure 8*. Scatterplot of Standardized Residuals Versus the Predicted Values for Avoidance

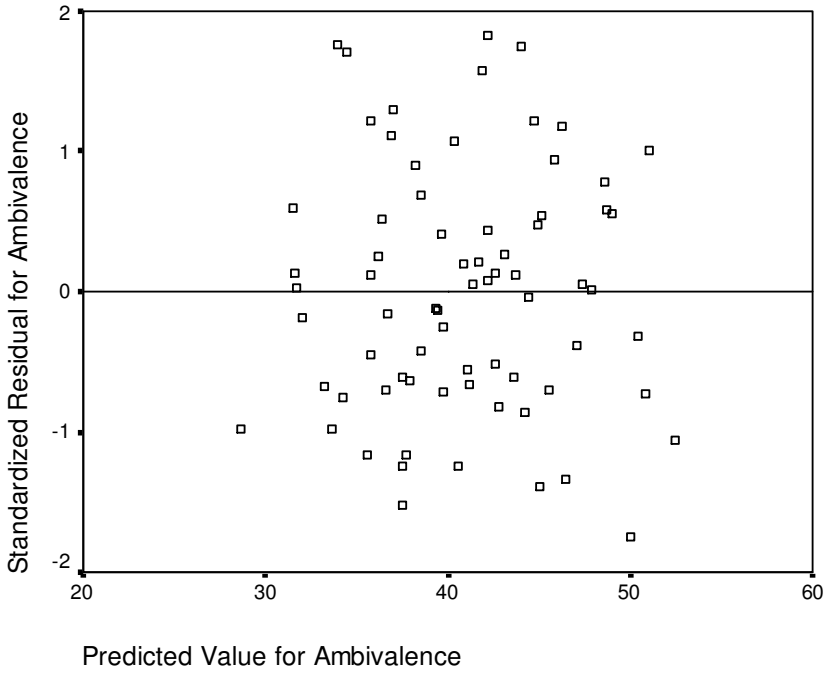


*Figure 9*. Scatterplot of Standardized Residuals Versus the Predicted Values for Ambivalence

Although the standardized residual plots indicate that the assumption of linearity for this model is tenable, Pedhazur (1997) suggests that the studentized residuals be examined because calculations of the standardized residuals are based on the assumption that all residuals have the same variance, an assumption Pedhazur considered untenable. Plots of the studentized residuals are presented in Figures 10 and 11. These plots indicate that the data for this study meets the assumption of linearity and that the data for this study meets the assumption of homoscedasticity. In other words, the variance of errors is fairly constant at all values of *X* (Osborne and Waters, 2002).

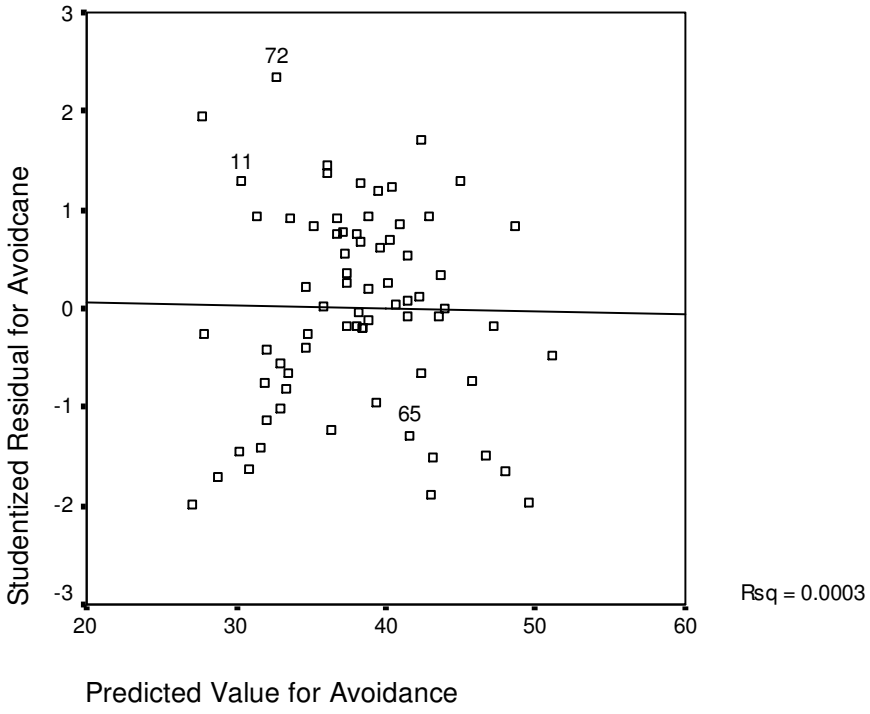


*Figure 10*. Scatterplot of Studentized Residuals Versus the Predicted Values for Avoidance

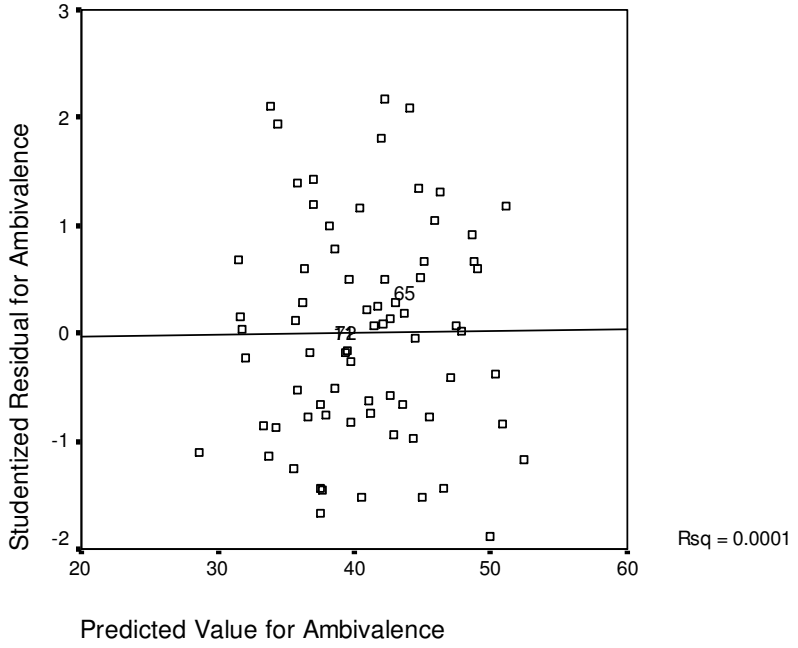


*Figure 11*. Scatterplot of Studentized Residuals Versus the Predicted Values for Ambivalence

*Normality*

In order to detect outliers on the Avoidance and Ambivalence variables and to further examine the assumption of normality, histograms of the respective standardized residuals were used, as suggested by Stevens (1996). These histograms (see Figures 12 and 13) indicate they are nearly normal, with a mean of 0 (*SD* = .90) for each. The standard deviations for these two variables are nearly 1, which indicates they have a normal distribution. None of the standardized residuals for either of these two variables was greater than 3 in absolute value, which suggests there were no outliers in either of these two variables (Stevens, 1996).

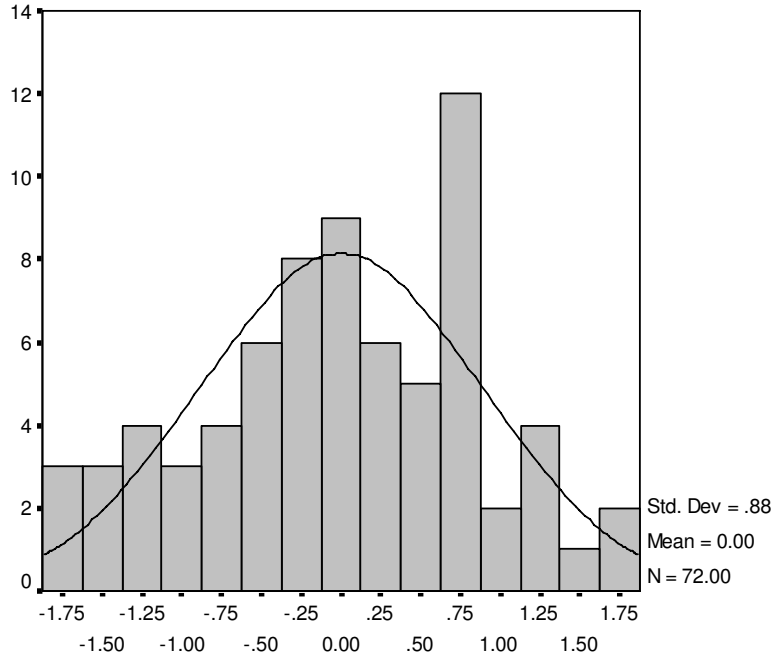


*Figure 12*. Histogram of the Standardized Residuals for Avoidance.

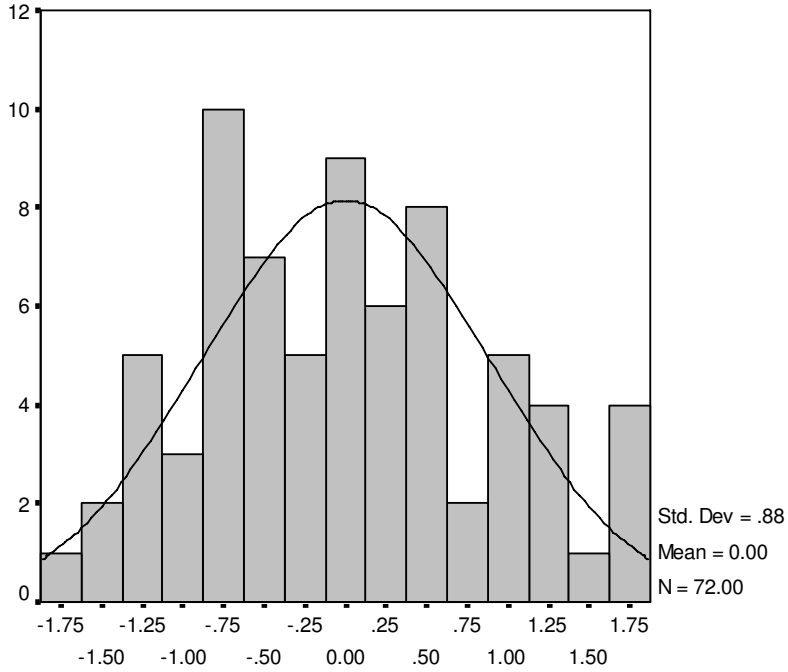


*Figure 13*. Histogram of the Standardized Residuals for Ambivalence.

Univariate tests for normality indicate that the response variables are generally normal, as discussed earlier. However, as Stevens (1996) discusses, "normality on each of the variables separately is a necessary, but not sufficient, condition for multivariate normality to hold" (p. 243). Therefore, Mahalanobis distance ($D^2$) was calculated for each subject in order to check for multivariate normality (Thompson, 1990). The Mahalanobis distance is the best measure to check for multivariate normality given the small sample size of this study (Ashcraft, 1998; Stevens, 1996). Thompson's (1997) MULTINOR program was used to calculate $D^2$ (see Appendix D for Syntax). After calculating $D^2$, the values are sorted in ascending order and paired with a chi-square value [(j – 0.5)/n = percentile for the chi-square] and the accompanying *p* values for each chi-square. Figure 14 shows the $D^2$ and chi-square pairs plotted on a scatterplot. As Aschcraft (1998) explains, if the data represent a multivariate normal curve, "the cases will cluster around the centroid and taper off as the distance increases" (p. 12). Each participant can be identified in this scatterplot, with Participant 6 being the first in the lower left hand corner because the $D^2/\chi^2$ value is closest to the centroid and Participant 77 being in the upper right hand corner because the $D^2/\chi^2$ value is farthest from the centroid. This scatterplot indicates that the data for this model represent a fairly normal curve.

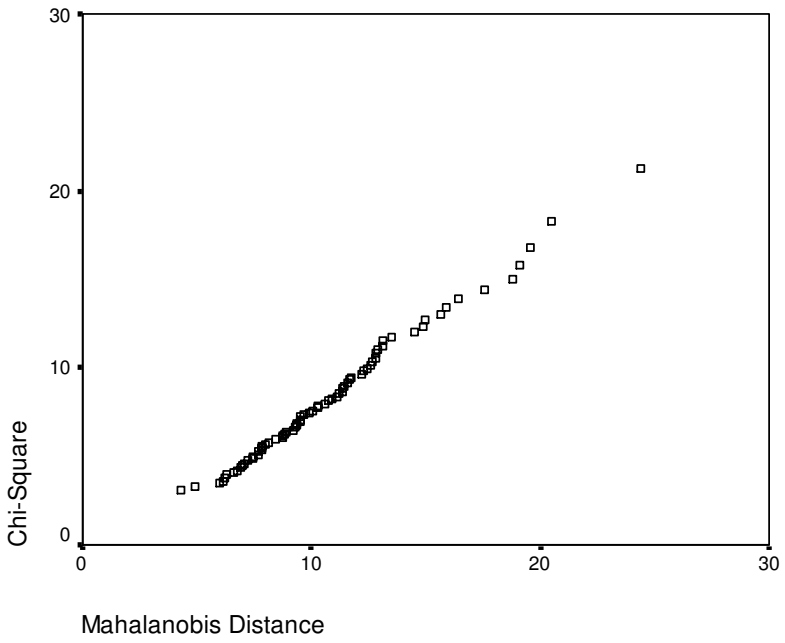


*Figure 14*. Scatterplot of Chi-Square and Mahalanobis Distance.

*Independence*

The assumption that observations for this study are independent of each other is naturally assumed because the participants for this study were independent of each other. In other words, the observations from one participant had no influence on the observations from another participant because each participant for this study had no knowledge of who was participating and had no known relation with other participants.

*Influential Observations*

The hat-value $h_i$ and Cook's $D$ were used to detect influential observations (see Appendix E). Leverage $h_i$ scores appear to be adequate using Stevens (1996) suggested rule of thumb for examining $h_i$ values greater than $3(k + 1)/n$, where $k$ is the number of predictor variables and $n$ is the number of participants in the analysis. This equation would yield a score of 3(11+1)/72 = .50. Accordingly, observations 11 and 65 ($h_i$ =.55, each on both scales) should be carefully examined. However, if one follows Hoaglin and Welsch's (1978, as sited by Stevens,

1996, and Pedhazur, 1997) rule of thumb for examining $h_i$ values greater than $2(k + 1)/n$, [2(11+1)/72 = .33] then observations 72, 76, and 77 should be carefully examined ($h_i$ = .38, .34, .39, respectively on both scales), also. Given that these latter observations were relatively close in value to .33 and that the sample size for this data set was relatively small, it was decided that their deletion or inclusion would make little impact on the results of the model. However, observations 11 and 65 should be examined further.

While leverage measures influential observations independent of the dependent variables, Cook's *D* identifies an influential observation whose influence on beta coefficients is due to its placement on the predictor variables, the dependent variable, or both (Pedhazur, 1997). As can be seen in Appendix E, observations 11, (*D* = .12) 65 (*D* = .12), and 72 (*D* = .20) have larger *D* values on the Avoidance scale than the other observations. Therefore, these three observations may have greater influence than the other observations. When these three items were omitted from the model, the model improved considerably, from $R^2$ = .37 for Avoidance and $R^2$ = .15 for Ambivalence to $R^2$ = .46 for Avoidance and $R^2$ = .15 with the observations removed (see Table 11). It should be noted that the first five observations do not have leverage or Cook's *D* values because they were not included in the model due to missing values. Scatterplots were analyzed to examine the influence of these three data points but did not yield any observable reasons why these three data points would be influential.

### *Multicollinearity*

In order to examine whether the predictor variables indicated multicollinearity, a correlation matrix was examined. The correlation matrix (see Table 12) indicates that the predictors for age at which the abuse occurred and the duration of the abuse are highly correlated ($r$ = -.79, $p$ = .00), as expected considering the method used to calculate these two predictors.

Table 12

*Correlation Matrix of Predictor Variables*

| | | Abuser's Gender | Duration | Age at Abuse | Support | Relat. II | Freq. - Genital | Freq.-W. Body | Freq. - Penet. | Severity-Genital | Severity-W. Body | Severity-Penet. | Avoid. Scale | Ambiv. Scale |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Abuser's Gender | Pearson Corr. | 1 | .07 | -.19 | -.18 | -.17 | -.02 | .01 | -.09 | .06 | .02 | -.10 | .05 | -.01 |
| Duration | Pearson Corr. | .07 | 1 | -.79** | -.15 | -.18 | .27* | .16 | .15 | .23* | .11 | .22 | -.19 | .12 |
| Age at Abuse | Pearson Corr. | -.19 | -.79** | 1 | .15 | .21 | -.09 | .02 | -.01 | -.09 | .05 | -.03 | .10 | -.18 |
| Support | Pearson Corr. | -.18 | -.15 | .15 | 1 | .25* | -.06 | .12 | -.04 | -.04 | .20 | .07 | -.19 | .02 |
| Relat. II | Pearson Corr. | -.17 | -.18 | .21 | .25* | 1 | -.08 | .13 | -.26* | -.09 | .14 | -.11 | -.08 | -.17 |
| Freq.-Genital | Pearson Corr. | -.02 | .27* | -.09 | -.06 | -.08 | 1 | .54** | .51** | .78** | .42** | .41** | -.04 | .09 |
| Freq.-W. Body | Pearson Corr. | .01 | .16 | .02 | .12 | .13 | .54** | 1 | .26* | .37** | .87** | .27* | -.23 | -.14 |

Table 12
(continued)

| | | Abuser's Gender | Duration | Age at Abuse | Support | Relat. II | Freq. - Genital | Freq.-W. Body | Freq. - Penet. | Severity-Genital | Severity-W. Body | Severity-Penet. | Avoid. Scale | Ambiv. Scale |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Freq.-Penet. | Pearson Corr. | -.09 | .15 | -.01 | -.04 | -.26* | .51** | .26* | 1 | .41** | .28* | .81** | .10 | .05 |
| Severity-Genital | Pearson Corr. | .06 | .23* | -.09 | -.04 | -.09 | .78** | .37** | .41** | 1 | .39** | .52** | .07 | .15 |
| Severity-W. Body | Pearson Corr. | .02 | .11 | .05 | .20 | .14 | .42** | .87** | .28* | .39** | 1 | .39** | -.08 | -.12 |
| Severity-Penet. | Pearson Corr. | -.10 | .22 | -.03 | .07 | -.11 | .41** | .27* | .81** | .52** | .39** | 1 | -.04 | -.02 |
| Avoid Scale | Pearson Corr. | .05 | -.19 | .10 | -.19 | -.08 | -.04 | -.23 | .10 | .07 | -.08 | -.04 | 1 | .08 |
| Ambiv. Scale | Pearson Corr. | -.01 | .12 | -.18 | .02 | -.17 | .09 | -.14 | .05 | .15 | -.12 | -.02 | .08 | 1 |

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

The predictor for age at which the abuse occurred is simply the age at which the earliest experience occurred. The predictor for duration was calculated by subtracting the age at which the abuse occurred from the age at which the abuse ended. Since childhood was defined in this study as any age 12 and under, the latest age at which the abuse ended was age 12.

In addition, the predictors for the Frequency-Genital Involvement index and the Severity-Genital Involvement index ($r$ = .78, $p$ = .00), the Frequency-Whole Body Involvement index and the Severity-Whole Body index ($r$ = .87, $p$ = .00), and the Frequency-Penetration index and the Severity-Penetration index ($r$ = .81, $p$ = .00) are highly correlated. In addition, when examining a partial correlations matrix, controlling for the dependent variables, the predictors for age at which the abuse occurred and the duration of the abuse ($pr$ = -.83, $p$ = .00), Frequency-Genital Involvement index and the Severity-Genital Involvement index ($pr$ = .79, $p$ = .00), the Frequency-Whole Body Involvement index and the Severity-Whole Body index ($pr$ = .87, $p$ = .00), and the Frequency-Penetration index and the Severity-Penetration index ($pr$ = .82, $p$ = .00) were highly correlated. According to Stevens (1996), one way of combating multicollinearity is to combine predictors that have intercorrelations of about .80 or higher. Therefore, the predictor for age at which the abuse occurred was removed from the model, and then the pairs for the frequency and severity indices were combined as they were in the original analysis. With observations 11, 65, and 72 included, the model that only excluded the predictor for age at which the abuse occurred yielded slightly better results for Avoidance ($R^2$ = .37, $p$ = .00) than when that predictor was included, but not for Ambivalence ($R^2$ = .16, $p$ = .49). However, with observations 11, 65, and 72 removed, the model that only excluded the predictor for age at which the abuse occurred yielded even better results for Avoidance ($R^2$ = .46, $p$ = .00), but still yielded poorer results for Ambivalence ($R^2$ = .15, $p$ = .63) than when these observations and the predictor for age at which the abuse occurred were included (see Table 13).

Table 13

*Tests of Between-Subjects Effects with Age at Abuse and Observations 11, 65, and 72 Omitted*

| Source | Dependent Variable | *SS* | *df* | *MS* | *F* | Sig. |
|---|---|---|---|---|---|---|
| Corrected Model | Avoidance[a] | 2398.92 | 12 | 199.91 | 3.92 | .00 |
| | Ambivalence[b] | 1270.48 | 12 | 105.87 | .82 | .63 |
| Intercept | Avoidance | 8579.50 | 1 | 8579.50 | 168.35 | .00 |
| | Ambivalence | 5554.68 | 1 | 5554.68 | 42.92 | .00 |
| Gender | Avoidance | 1.22 | 1 | 1.22 | .02 | .88 |
| | Ambivalence | 56.95 | 1 | 56.95 | .44 | .51 |
| Duration | Avoidance | 29.46 | 1 | 29.46 | .58 | .45 |
| | Ambivalence | 286.62 | 1 | 286.62 | 2.22 | .14 |
| Support | Avoidance | 116.23 | 1 | 116.23 | 2.28 | .14 |
| | Ambivalence | 93.32 | 1 | 93.32 | .72 | .40 |
| Relation II | Avoidance | 167.11 | 3 | 55.70 | 1.09 | .36 |
| | Ambivalence | 78.96 | 3 | 26.32 | .20 | .89 |
| Frequency-Genital | Avoidance | 59.92 | 1 | 59.92 | 1.18 | .28 |
| | Ambivalence | 24.59 | 1 | 24.59 | .19 | .67 |
| Frequency-Whole Body | Avoidance | 888.71 | 1 | 888.71 | 17.44 | .00 |
| | Ambivalence | 146.07 | 1 | 146.07 | 1.13 | .29 |
| Frequency-Penetration | Avoidance | 641.72 | 1 | 641.72 | 12.59 | .00 |
| | Ambivalence | 245.97 | 1 | 245.97 | 1.90 | .17 |
| Severity-Genital | Avoidance | 187.84 | 1 | 187.84 | 3.69 | .06 |
| | Ambivalence | 243.63 | 1 | 243.63 | 1.88 | .18 |

Table 13
(continued)

| Source | Dependent Variable | *SS* | *df* | *MS* | *F* | Sig. |
|---|---|---|---|---|---|---|
| Severity-Whole Body | Avoidance | 664.93 | 1 | 664.93 | 13.05 | .00 |
| | Ambivalence | 34.44 | 1 | 34.44 | .27 | .61 |
| Severity-Penetration | Avoidance | 569.80 | 1 | 569.80 | 11.18 | .00 |
| | Ambivalence | 408.73 | 1 | 408.73 | 3.16 | .08 |
| Error | Avoidance | 2853.95 | 56 | 50.96 | | |
| | Ambivalence | 7247.81 | 56 | 129.43 | | |
| Total | Avoidance | 105117.00 | 69 | | | |
| | Ambivalence | 123934.00 | 69 | | | |
| Corrected Total | Avoidance | 5252.87 | 68 | | | |
| | Ambivalence | 8518.29 | 68 | | | |

a. R Squared = .46
b. R Squared = .15

When age at abuse was omitted and observations 11, 65, and 72 were reintroduced and the frequency and severity indices were combined $R^2$ decreased for both Avoidance and Ambivalence ($R^2$ = .20, $p$ = .11; $R^2$ = .10, $p$ = .69, respectively), when compared to the results from Table 7. When these three observations were excluded after the frequency and severity indices were combined $R^2$ continued to be poor for both Avoidance and Ambivalence ($R^2$ = .22, $p$ = .08; $R^2$ = .10, $p$ = .72, respectively), when compared to the results from Table 7. All these results are summarized in Table 14.

Table 14

*Summary of $R^2$ and Adjusted $R^r$ for Multivariate Analyses*

| Model Description | Avoidance | | | Ambivalence | | |
|---|---|---|---|---|---|---|
| | $R^2$ | *p* | Power[a] | $R^2$ | *p* | Power[a] |
| (a) Prespecified Model | .17 | .13 | .68 | .10 | .57 | .35 |
| (b) With Relationship II | .21 | .13 | .72 | .10 | .73 | .33 |
| (c) Severity-Frequency partitioned | .37 | .01 | .97 | .15 | .70 | .40 |
| (d) Observations 11, 65, 72 omitted | .46 | .00 | 1.00 | .15 | .70 | .39 |
| (e) Age at abuse only omitted | .37 | .00 | .98 | .14 | .63 | .42 |
| (f) Age at abuse, 11, 65, 72 omitted | .46 | .00 | 1.00 | .15 | .63 | .41 |
| (g) Severity, frequency combined, age at abuse omitted | .20 | .11 | .72 | .10 | .69 | .32 |
| (h) Severity, frequency combined, age at abuse, observations 11, 65, 72 omitted | .22 | .08 | .77 | .10 | .72 | .30 |

a. Computed using alpha = .05

The model with observations 11, 65, and 72 omitted and age at which the abuse occurred omitted (Model g) appears to be the best model. Because of the method used to calculate the predictors for age at which the abuse occurred and duration, they appear to be a reflection of each other, and were correlated. Therefore, these two predictors are measuring the same thing. The frequency and severity indices were correlated, although the reason why is unclear. These indices appear to be independent of each other. Therefore, the frequency and severity predictors remained partitioned. When examining the beta coefficients for this model (Table 15), there was no difference in regards to the direction of the influence each predictor had on the two AAQ

scales or in regards to the statistical significance of each beta coefficient when compared to beta coefficients from Table 10.

Table 15

*Parameter Estimates for Model with Age at Abuse and Observations 11, 65, and 72 Omitted*

| Dependent Variable | Parameter | *B* | *SE* | *t* | Sig. |
|---|---|---|---|---|---|
| Avoidance | Intercept | 39.48 | 3.19 | 12.39 | .00 |
| | [Gender = 0] | -.30 | 1.95 | -.16 | .88 |
| | [Gender = 1][a] | .0 | . | . | . |
| | Duration | -.30 | .39 | -.76 | .45 |
| | Support | -1.13 | .75 | -1.51 | .14 |
| | [Relation II = 0] | -1.86 | 2.50 | -.74 | .46 |
| | [Relation II = 1] | 2.45 | 3.45 | .71 | .48 |
| | [Relation II = 2] | 2.61 | 2.55 | 1.02 | .31 |
| | [Relation II = 3][a] | .0 | . | . | . |
| | Freq-Genital | -.31 | .29 | -1.08 | .28 |
| | Freq-WhlB | -2.28 | .55 | -4.18 | .00 |
| | Freq-Penet. | 2.95 | .83 | 3.55 | .00 |
| | Sev-Genital | .19 | .10 | 1.92 | .06 |
| | Sev-Whlb | .64 | .18 | 3.61 | .00 |
| | Sev-Penet. | -.52 | .15 | -3.34 | .00 |
| Ambivalence | Intercept | 31.08 | 5.08 | 6.12 | .00 |
| | [Gender = 0] | 2.06 | 3.10 | .66 | .51 |

Table 1
(continued)

| Dependent Variable | Parameter | *B* | *SE* | *t* | Sig. |
|---|---|---|---|---|---|
| Ambivalence | [Gender = 1][a] | .0 | . | . | . |
| | Duration | .93 | .63 | 1.49 | .14 |
| | Support | 1.01 | 1.19 | .85 | .40 |
| | [Relation II = 0] | 2.02 | 3.99 | .51 | .61 |
| | [Relation II = 1] | -2.35 | 5.50 | -.43 | .67 |
| | [Relation II = 2] | 1.05 | 4.06 | .26 | .80 |
| | [Relation II = 3][a] | .0 | . | . | . |
| | Freq-Genital | -.20 | .46 | -.44 | .67 |
| | Freq-WhlB | -.93 | .87 | -1.06 | .29 |
| | Freq-Penet. | 1.83 | 1.33 | 1.38 | .17 |
| | Sev-Genital | .22 | .16 | 1.37 | .18 |
| | Sev-Whlb | .15 | .28 | .52 | .61 |
| | Sev-Penet. | -.44 | .25 | -1.78 | .08 |

a. This parameter is set to zero because it is redundant.

# CHAPTER V

# CONCLUSION

In this study, the influence of childhood sexual abuse (CSA) on adult close relationships as viewed from the context of attachment theory was examined. Seven hypotheses were examined in this study. These hypotheses were that males with the following characteristics would be more likely to have an insecure attachment than other males: (a) were abused by a male, (b) were abused for a longer period of time, (c) were abused at an earlier age, (d) perceived little support from their family with regards to the abuse, (e) were abused by a family member, (f) were abused more frequently, and (g) were abuse more severely. These CSA characteristics were measured by the Childhood Sexual Experiences Questionnaire and the Adult Attachment Questionnaire (AAQ; Simpson, Rholes, & Phillips, 1996). Although limitations to this study make it difficult to reject the null hypothesis and to make statements that these results reflect the population, the current findings generally confirm these hypotheses.

## *Review and Interpretations of Results*

Although there many of the results of this study were not statistically significant, the general trends in these data generally support previous findings. As reported in the Literature Review, it was predicted that males who were abused by a male would be more likely to have an insecure attachment than males who were abused by a female. Results indicate that males who were abused by males only were more insecure than males who were abused by females or males who were abused by both males and females, but the effect was not statistically significant. Males who were abused by only males generally had higher scores on the Avoidance Scale and the Ambivalent Scale of the AAQ than males who were abused by only females or males and females. This trend was greater on the Ambivalence scale. Little research has examined this question. However, Mendel (1992) also found that males who were abused by males indicated

greater disturbance than males abused by females. Others have found that males abused by other males demonstrate increased sexual aggression in adolescence (Kobayashi, Sales, Becker, Figueredo, & Kaplan, 1995). Often times, males who are abused by females do not experience as much distress because they interpret this experience as sexual initiation rather than abuse (Fromuth & Burkhart, 1989; Gartner, 1999). Males abused by other males may experience a greater disturbance because males often are socialized to be less accepting of behaviors which deviate from the male gender role (Bolton, Morris, MacEachron, 1989; Gill & Tutty, 1999; Phillips, 1986; Pollack, 1998; Struve, 1990). As stated in a previous chapter, the nature of CSA by itself counters many of these masculine stereotypes, but more so when this experience is perpetrated by another male. For instance, one cultural stereotype casts men as sexually active and women as sexually passive, which may cause a male victim to question whether there are any feminine characteristics in him that caused his perpetrator to treat him as sexually passive (Finkelhor, 1978; Gartner, 1999). This may explain why this trend was greater on the Ambivalence Scale than the Avoidance Scale. A male abused by other males may question his masculinity more than males abused by females and may experience a greater amount of ambivalence in getting close to others for fear that they will view him as inadequate in his masculinity. However, such a male may want to get closer to others in order for them to affirm what masculinity he believes he has, despite how little he may think it is.

Likewise, it was predicted that males who were abused for a longer period of time (e.g., over a year) would be more likely to have an insecure attachment than males who were abused for a shorter period of time. These results indicate that as the duration of the experience increased, so did the score on the Ambivalence Scale, while the score on the Avoidance Scale decreased. Mendel (1992) found that males abused for longer periods of time were more likely to experience poor self-worth, participate in psychotherapy for longer periods of time, experience

psychiatric hospitalization, and be on psychotropic medication. Paris, Zweig-Frank, and Guzder (1994) reported that males with a diagnosis of Borderline Personality Disorder were more likely to have been physically abused for longer periods of time than males without this diagnosis. Perhaps males who became avoidant rejected the initial abuse experience and maintained distance from others in order to avoid such experiences in the future. However, the male who experienced the abuse for longer periods of time may have become more preoccupied with the experience and fearful of the perpetrator(s). Finkelhor (1978) found that females who experienced sexual abuse for longer periods of time became more preoccupied with the experience, always wondering when it would occur again. Similarly, males who experience the abuse for longer periods of time may wonder when or if it will occur again.

In addition, it was hypothesized that males who were abused at an earlier age would be more likely to have an insecure attachment than males who were abused at a later age. For both scales on the AAQ, as the age of the initial abuse experience increased, the scores on the Avoidance and Ambivalence Scales decreased. This finding is consistent with attachment theory (Ainsworth, 1964, 1969; Bowlby, 1960, 1982; Mace & Margison, 1997; Sperling & Berman, 1994) and with findings from other research (Albus & Dozier, 1999; Holmes, 1997; Liem & Boudewyn, 1999; and Mendel, 1992). Given that the attachment system is activated when attachment figure is unavailable or when the infant was threatened or placed in a fearful situation and given that an individual's working model is beginning to evolve at an early age, a finding such as this would be expected (Bowlby, 1960, 1982; Collins & Allard, 1994; Mace & Margison, 1997; Sperling & Berman, 1994; Sroufe & Waters, 1977).

Also, it was predicted that males who perceived family support with regards to their experience of abuse would be less likely to have an insecure attachment than males who did not perceive family support. As stated in chapter four, as the level of perceived support increased,

participants became less avoidant but more ambivalent. This result makes theoretical sense when considering that individuals who tend to be more avoidant have a positive model of self and a negative model of others. As stated in chapter two, a person who has a positive self-model has internalized a sense of self-worth while a person who has a positive other-model generally expects others to be available and supportive (Bartholomew, 1990; Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Collins & Allard, 1994). Therefore, individuals with higher scores on perceived support would become less avoidant because they perceive others, particularly family members, to be supportive and positive. Therefore, this result indicates that these individuals have a negative model of self, which would be descriptive of the ambivalent dimension. Ognibene and Collins (1998) found similar results when examining the relationship between adult attachment styles and perceived social support. In addition, Leifer, Kilbane, and Grossman (2001) found that sexually abused children with unsupportive mothers more often blamed their mothers and themselves for the abuse than children with supportive mothers. Similar results have been observed by others (e.g., Cole & Woolger, 1989; Elliott & Carnes, 2001).

Results concerning the prediction that males abused by a family member would have an insecure attachment were mixed. Males abused by a parent were less avoidant but more ambivalent. A child's attachment system is activated when placed in a fearful or threatening situation or when he realizes that the "safe haven" of the attachment figure (e.g., primary care-giver, parent) is unavailable (Bowlby, 1960, 1982; Mace & Margison, 1997; Sperling & Berman, 1994). Once the attachment system is activated, the child will be motivated to seek the attachment figure in order to return to a feeling of safety. According the attachment theory, the parent is the most likely person to become the attachment figure. Therefore, even if the parent is the source of threat or fear, the attachment system will motivate the child to seek out the

attachment figure. However, because the attachment figure is also the fear stimulus in this case, the child will be motivated by the attachment system to flee from this source of fear. Such a dilemma will create an ambivalent response from the child with regards to the parent, as this result and other research indicate (e.g., Cassidy & Mohr, 2001; Main & Hesse, 1999).

Males abused by another adult relative (i.e., uncle, aunt, grandfather) were more avoidant but less ambivalent. While adult relatives may have the potential of being an attachment figure, it does not mean they will be. The male who was abused by one of these family members may feel safer than the male abused by a parent because of the distance in their relationship with the extended family member and the general safety he feels in his home with his parents. In this situation, the male has a positive model of self and a negative model of others, as the avoidant style indicates.

Males abused by a sibling indicated increased avoidance and increased ambivalence. Again, the male abused by a sibling may feel less safe in his home even if his parents are with him. He may fear that his parents will not believe him or that his parents will take sides with the sibling. Additionally, he may even fear that if the parent takes sides with him that there will be a breach in his relationship with the sibling and the family's relationship with the sibling. However, given that a higher percentage of participants endorsed being abused by a brother (18.2%) than by a sister (11.7%), these results may reflect the influence of the gender of the perpetrator than of the family relationship; the male victim abused by his brother may have some of the same gender role concerns other victims abused by males have (Mendel, 1992).

Finally, it was hypothesized that males who were abused more frequently and males who were abused more severely would be more likely to have an insecure attachment than males who were abused less frequently and less severely. These results are difficult to interpret. The only parameter estimates that were statistically significant for the final analysis using all the variables

(see Table 8) were Frequency-Whole Body, Frequency-Penetration, Severity-Whole Body, and Severity-Penetration. However, these respective frequency and severity indices had opposing influences on the two AAQ scales. Avoidance scores decreased as Frequency-Whole Body scores increased but increased as Severity-Whole Body scores increased. The opposite was true for Frequency-Penetration and Severity-Penetration. This same trend was found for Frequency-Genital and Severity-Genital on the Avoidance scale and all the frequency and severity scales on the Ambivalence scale; that is, results indicate the frequency indices had an opposite influence on the Ambivalence scale than the severity indices. The difficulty in interpreting these results could be due to the correlation between the frequency and severity variables. In other words, the apparent influence of the frequency and severity variables could actually be a reflection of their collinearity, as discussed in chapter four.

When the frequency and severity indices were combined to form three indices instead of six, in an effort to avoid collinearity, results are easier to interpret. According to the parameter estimates in Table 5 of the results section, these three indices do not have a statistically significant effect on the Avoidance or Ambivalence scales. In other words, the implied null hypothesis that these two factors of childhood sexual abuse (CSA) have no effect on the victim's attachment style cannot be rejected for this sample. This is contrary to other research that indicates that the frequency and severity of the abuse has an effect on psychopathology (Arata, 1999; Mendel, 1992; and Romans, Martin, Anderson, Herbison, & Mullen, 1995), that the frequency and severity of various negative life events, including sexual abuse experiences, has an effect on the attachment styles of adults (Hamilton, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000; and Weinfield, Sroufe, & Egeland, 2000), and that the frequency and severity of threatening conditions has an effect on the attachment styles of adults (Mikulncer, 1998; and Mikulincer, Horesh, Eilati, & Kotler, 1999). Because of this prior research and the fact

that it would be more dangerous to make a Type II error (failure to reject a false null hypothesis) given the nature of CSA, an alternate explanation for these results must be given.

*Variability and Statistical Significance*

One likely explanation for the above results has to do with variability found in this particular sample set. Essentially, statistics is the use of methods or procedures that researchers apply in an attempt to understand the variability found in the data they have collected (Hinkle, Wiersma, & Jurs, 1998). Thompson (2002) explains that, in multiple regression, the $R^2$ "tells the researcher what percentage of the *variability*[italics added] in individual differences of the participants on the outcome variable can be explained or predicted with knowledge of the scores on the predictor variables" (p. 68). Therefore, if there is little variability among the participants on the outcome variable and the predictor variables, the results will tell the researcher that there is little variability and that there is little predictive value with regards to the predictor variables. In this study, the sample was taken from various counseling centers, treatment organizations, and informational/supportive websites. In fact, 81.8% of the participants had participated in some sort of therapy in their lifetime. Additionally, the majority of the participants were of similar ethnic backgrounds (84.4% identified as "White"), socio-economic level (40.3% has an income over $40,000), and nationality (all but one were North American). More importantly, all participants had experienced childhood sexual abuse, although it was already established in the Literature Review that individuals with histories of childhood sexual abuse differ with regards to attachment and relationships from individuals without such histories. Therefore, one would expect that find smaller values with regards to explanatory value in many of the predictor variables than if, for example, nonclinical participants were included in the analyses.

Another likely explanation for these results has to do with the influence of sample size on significance testing. Most of the beta coefficients lacked statistically significant results. Of

course, statistical significance estimates the probability of the sample results occurring if the null hypothesis (the predictors have no predictive value) exactly describes the population (Cohen, 1994; Thompson, 2002). However, statistical tests are heavily influenced by sample sizes such that if one has enough participants, one will likely find statistically significant results (Hays, 1994; Thompson, 1994). It was determined at the beginning of this study that a sample size of approximately 150 would be sufficient for the questions being asked. However, only 72 participants were included in the regression analyses, less than half of the original number sought. Therefore, one would expect to have fewer statistically significant results. However, just because there were few statistically significant results does not mean the results were less *important*. Statistical significance tests do not evaluate whether results are important (Thompson, 2002). The $R^2$ found in Model f of the Results section indicates that the predictor variables explains 46% of the variance found in the Avoidance scale scores and 15% of the variance found in the Ambivalence scale score. According to Cohen (1977), correlation coefficients of .50 are considered "large," while correlation coefficients of .10 are considered "small." Such results, while many of them were not statistically significant, are nonetheless important.

*Implications of This Study*

Although the small sample size limits the interpretation of the findings from this study, there are important implications from these results. One important implication is that various experiences have different effects on the dimensions of attachment styles. For instance, results from this study indicate that as perceived family support with regards to the abuse experience increases, avoidance improves (scores decrease) but ambivalence worsens (scores increase). Such results provide theoretical support for a dimensional approach to attachment theory rather than a categorical approach. For instance, when considering attachment styles from a dimensional perspective it makes sense why the results for perceived family support had

different effects on the two dimensions. The abused male who perceived support from his family would be more likely to view others in more of a positive light than the male who did not perceive family support. Such a view or model of others would decrease the likelihood that this male would have an avoidant attachment style. However, it may not have the same effect on his model of self, which could be negative, increasing the likelihood that he would have an ambivalent attachment style. Of course, the male who perceives moderate or little support from his family may have a negative model of self and a negative model of others, increasing the likelihood that he would have a fearful attachment style. Such theoretical statements would be difficult to make from a categorical approach to attachment theory.

Results from this study have important clinical implications, also. Childhood sexual abuse experiences impact a person's attachment style, or "affectional bonds" found in adult dyadic relationships. Previous research indicates that victims of sexual abuse have sexual intercourse more frequently, resulting in pregnancy (Chandy, Blum, & Resnick, 1997); have a greater likelihood of being diagnosed with a personality disorder (Ruggiero, Bernstein, & Handelsman, 1999), particularly, Borderline Personality Disorder (Paris, Zweig-Frank, & Guzder, 1994; and Zanarini, Williams, Lewis, Reich, Vera, Marino, Levin, Young, & Frankenberg, 1997); are more aggressive and socially withdrawn (Young, Bergandi, & Titus, 1994); and generally have more dysfunctional relationships (Dimock, 1988; and Rosen & Martin, 1998) than individuals who are not victims of sexual abuse. Results from this study confirm that individuals who have the various characteristics studied were more likely to have insecure attachment styles than those without such characteristics. Therefore, it would be important for clinicians to pay careful attention to the various characteristics of such experiences in their male clients.

A final important implication has to do with the influence of specific CSA experiences based on the severity and frequency of the experience. This study provides support to prior research indicating that there are some sexual abuse experiences that are more severe than others (Arata, 1999; Chaffin, Wherry, Newlin, Crutchfield, & Dykman, 1997; and Mendel, 1992). However, these studies did not include the influence of the frequency of each incident as a component of severity. Therefore, this study provides a model for including the influence of severity and frequency into three principal components.

*Limitations and Future Research*

In conclusion, while this study provides important contributions to the literature, there were significant limitations in this study, making it difficult to generalize results from this sample to the population of males with childhood sexual abuse histories. The primary limitation to this study is the small sample size. As explained earlier, the small sample size decreased the power to reject the null hypothesis that the chosen CSA characteristics had no influence on attachment styles of the greater population of males with histories of CSA. Therefore, it must be remembered that these results can only be interpreted as uniquely descriptive of this particular data set. As a result, it is recommended that future research include greater numbers of participants, which may require more advertising efforts on the part of the researchers, rather than being confined to a small group of therapists who work with such populations or highly specific internets sites with a relatively small target group (e.g., Male Survivor).

Another limitation to this study has to do with sample bias. Most of the participants from this study were either in therapy at the time of participation (63.6%) or had been in therapy at one time in the past but not at the time of participation (18.2%). All together 81.8% of the participants had participated in some sort of therapy in their lifetime. One participant wrote in the margin of his AAQ form “Would have answered differently before therapy.” Therefore, time

in therapy or participation in therapy may have had some sort of influence on AAQ scores.

Additionally, there were a large number of participants with an income of over $40,000 (40.3%), which may have had an influence on the results. Although there is a lack of research on the relationship between income and attachment styles, one would expect that individuals with a negative model of self might lack the confidence that may be necessary for a high income job. Likewise, one would expect that individuals with a negative model of others may lack necessary social skills for a high income job. Related variables that may have influenced results include ethnicity, with 84.4% identifying as "White," and age, with 50.7% being over 45. Therefore, future research might include such variables in their models.

The Adult Attachment Questionnaire (AAQ; Simpson, Rholes, & Phillips, 1996) best honors attachment theory when compared to earlier measures of attachment (Brennan, Clark, & Shaver, 1998). However, research has indicated that self-report attachment scales may assess individuals' attachment styles along slightly different axes than attachment interviews (Simpson, Rholes, & Phillips, 1996). Therefore, results might have been different if alternative methods of assessing attachment style had been chosen. Likewise, little research has been conducted on the measurement of sexual abuse experiences. Alternative methods of measuring the characteristics of childhood sexual abuse chosen for this study may prove more accurate. Further research might explore these possibilities.

Finally, little research has been conducted on the measurement of the severity and the frequency of childhood sexual abuse. Such components of CSA have historically been defined in an ad hoc fashion (Chaffin, Wherry, Newlin, Crutchfield, & Dykman, 1997). Measures of severity and frequency that currently exist do not consider the combined effect of these two components (e.g., Arata, 1999; Chaffin, et al, 1997; Finkelhor, 1978; Mendel, 1992). Many of these measures ask respondents whether a list of given sexual abuse incidents have occurred

(e.g., “Yes,” “No”), then later ask about how often did all these given incidents occur, without specifying exactly which incident. In the current research project, respondents were asked how often each individual incident occurred (e.g., “Unsure,” “Never,” “Rarely,” “Sometimes,” “Frequently,” and “Very Frequently”). From this method, one can examine three indices describing the combined effects of the severity and frequency of each incident or the separate effects of the severity of each incident or the frequency of each incident. Examination of the literature for this project revealed no such prior method of examining the effects of severity and frequency with regards to childhood sexual abuse. Therefore, more research is necessary to explore this method further.

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# APPENDIX A

## THERAPIST COVER LETTER, ADVERTISEMENT, AND INFORMATION SHEET

[Texas A&M Department of Educational Psychology Letterhead]

Dear Therapist:

Thank you for your willingness to assist with this research project. The title of this project is, "The Relationship Between Childhood Sexual Abuse on Adult Male Attachments in Close Relationships." Over the past two decades society has become more aware of the prevalence and impact of childhood sexual abuse (CSA). While society has become more aware of this problem, there is still much that remains unknown. This is evident especially in regards to the effects of CSA on adult males even though the effects of CSA are often quite severe for males. One area particularly affected is adult close relationships. Therefore, this study will examine the influence of CSA on adult male close relationships.

In this packet are 3 posters and 10 or more informational sheets with addressed stamped envelops attached. There is no deception or coercion related to this study. Each participating clinic or therapist is instructed not to encourage or mention this study to any of their clients. Instead, clients will have the opportunity to participate in this study if they see the poster advertising this study in the lobby of the clinic or some other public waiting area. If participants have questions about participation in this study, they are encouraged to ask their therapist. It is at this time that therapists may distribute the information sheet with the attached envelope. Participants can also contact the researcher, Dan Altman, who will distribute this information, too.

This research study has been reviewed and approved by the Institutional Review Board—Human Subjects Research, Texas A&M University. For research related problems or questions regarding volunteers' rights, the Institutional Review Board may be contacted through Dr. Michael W. Buckly, Director of Support Services, Office of Vice President for Research at (979) 458-4067.

Once again, thank you for your willingness to assist with this research project. If you have any other questions please contact the following:

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Sincerely,

Daniel R. Altman, M.S.

David M. Lawson, Ph.D.

# RESEARCH PARTICIPANTS NEEDED

## For a Study on the Relationship Between Childhood Sexual Experiences and Adult Male Relationships.

**If you or someone you know has experienced childhood sexual abuse, please ask your therapist or call 817-540-0231**

**for information on the "Close Relationship Study"**

**in order to learn how you can participate in this project.**

*All participants must be males over 21 years of age.*

***Participation is voluntary.***

*Participants will have an opportunity to receive $50 for their time and effort.*

Information Sheet about the
"Close Relationship Study"

The current research project will examine the effects of childhood sexual abuse (CSA) on the close relationships of adult males who are older than 21 years of age. If you participate in this study, you will be asked to fill out two questionnaires. In one questionnaire you will be asked a number of questions about the nature of your close relationships (e.g., romantic relationships). You do not have to be in a close relationship currently in order to participate. In the second questionnaire, you will be asked a number of detailed questions about your childhood sexual abuse experiences. Some of these questions may make you feel uncomfortable. If you begin to feel distressed at any moment you are encouraged to terminate your participation and contact your therapist. Your participation is voluntary and will remain confidential. Once you have agreed to participate, your information will be assigned a number. This number will enable the researcher to study the information you provide without knowing who provided this information, protecting the confidentiality of the information you provide.

If you would like to participate in this study, please fill out the bottom of this sheet and mail it in the attached addressed, stamped envelope.

This research study has been reviewed and approved by the Institutional Review Board-Human Subjects Research, Texas A&M University. For research related problems or questions regarding your rights, the Institutional Review Board may be contacted through Dr. Michael W. Buckley, Director of Support Services, Office of Vice President for Research at (979) 458-4067.

Contact information:

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Please cut along line and mail to Daniel R. Altman at the above address.

---

"Close Relationship Study"

☐ I have read the description for this study and would like to participate. Please send all pertinent information to the following address:

_____
_____
_____
_____

APPENDIX B

COVER LETTER AND QUESTIONNAIRES

[To be printed on College of Education Letterhead]

**The Study on the Relationship Between Childhood Sexual Abuse on Adult Male Attachments in Close Relationships**

Dear Participant:

Thank you for your willingness to participate in this research project. The title of this project is, "The Relationship Between Childhood Sexual Abuse on Adult Male Attachments in Close Relationships." The experience of male childhood sexual abuse can affect the victim's life in many different ways. One area that is often affected is in the close relationships the male victim has later in life. By "close relationships" I mean what is commonly referred to as romantic relationships. The purpose of this study will be to examine the relationship between childhood sexual abuse and adult male relationships.

In this study you will be asked to fill out two questionnaires. Together, these questionnaires take approximately 50 minutes to complete. The first questionnaire is designed to examine how you typically feel in a romantic (dating) relationship. You do not have to be in a relationship to fill this out. If you are not currently in a relationship, you can either fill it out with regard to a previous relationship you have been in. If you have never been in a romantic relationship, you can fill it out according to how you *think* you would feel in a dating relationship. In this case, you can draw on your experience of being in close, non-romantic relationships as a point of reference.

The second questionnaire will ask you to describe three childhood sexual experiences: the earliest experience and the two most traumatic experiences. If you have not had at least three childhood sexual experiences, just describe the childhood sexual experiences you have had. Some of the items in this questionnaire may cause discomfort. If you feel distressed at any moment or feel you may harm yourself, please stop answering the questions; write in the margin where you ended, and either contact your current therapist or refer to the enclosed list of therapists you can call to discuss your experience, or call you local emergency number. Even if you do not complete the questionnaires, please return them in the self-addressed, stamped envelope included in this packet.

Your participation is voluntary and confidential. All data and responses are strictly anonymous. Your personal information will be stored separately from the data, which will be assigned a number. This number will enable the researcher to study the information you provide without knowing who provided it.

If you participate, you will have the option to include your name in a lottery pool, out of which twelve names will be chosen and awarded $50 (U.S.) each at the conclusion of the study. We are soliciting approximately 150 male participants who have experienced childhood sexual

abuse. If you choose to have your name included and are awarded money, Texas A&M University will be required to report the amount awarded, along with your name, to the Internal Revenue Service. Your personal information will remain confidential, but the fact that you participated in the study may be obtained under the Texas Open Records Act. If you would like to include your name in this lottery pool, please fill out the sheet entitled "Lottery Pool" and send it in the separate envelope marked "lottery" included it in your packet.

If you include you name in the lottery pool, but decide to withdraw from the study or fail to answer some of the questions, your name will not be withdrawn from the pool. In other words, if you become distressed while answering questions and discontinue, you will not be penalized in any way.

This research study has been reviewed and approved by the Institutional Review Board—Human Subjects Research, Texas A&M University. For research related problems or questions regarding your rights, the Institutional Review Board may be contacted through Dr. Michael W. Buckly, Director of Support Services, Office of Vice President for Research at (979) 458-4067.

Once again, thank you for your willingness to participate in this research project. If you have any other questions please contact the following:

Daniel R. Altman
Texas A&M University
Department of Educational Psychology
Harrington Tower
College Station, Texas 77843
(817) 540-0231
danielaltman@hotmail.com

Dr. David M. Lawson
Texas A&M University
Department of Educational Psychology
Harrington Tower
College Station, Texas 77843
(979) 845-9250
dlawson@tamu.edu

Sincerely,

Daniel R. Altman, M.S.

David M. Lawson, Ph.D.

**Childhood Sexual Experiences Questionnaire**

**Instructions:**

This questionnaire consists of a series of questions about any sexual experiences you may have had *prior to age 12* (e.g., 6th grade). This questionnaire is split into four major sections. In the first section, Demographics, you will answer some basic demographical questions. In the second section, General Childhood Sexual Experiences, you will answer some general questions about sexual experiences you may have had before age 12. In the third section, Earliest/Traumatic Experiences, you will answer questions about one of the earliest experiences and two of the most traumatic experiences you remember. If you have only had one experience, please answer the questions in the third section for that experience only. After the third section, you will be asked to write any thoughts you had about answering the questions or other experiences you wish to reveal. If you feel too distressed at any time while answering any of these questions, please discontinue immediately and write "Too distressed" in the margin at which point you stopped.

**Demographics**

Please select the best answer to the following questions about yourself.

1. What is your sex?
   a. Male
   b. Female

2. Date of birth
   ___/___/_____
   mm dd yyyy

3. Marital status:
   a. Never Married
   b. Married/Living together
   c. Separated
   d. Divorced
   e. Widowed

4. What is your racial/ethnic identification?
   a. African-American/Black
   b. European-American/White
   c. Hispanic/Latino(a)
   d. American Indian/Alaskan Native
   e. Asian/Pacific Islander
   f. Other _____

5. What is your average annual income?
   a. $10,000-$20,000
   b. $20,000-$30,000
   c. $30,000-$40,000
   d. $40,000-$50,000
   e. over $50,000

6. Are you currently being seen by a therapist?
   a. Yes
   b. No

7. How long have you been in therapy?
   _____ years and _____ months

**General Childhood Sexual Experiences**

It is now generally acknowledged that many people have sexual experiences as children. Some of these are with friends and playmates, and some with relatives and family members. Some are very upsetting and painful, and some are not. Some influence peoples' later lives and sexual experiences, and some are practically forgotten. Although these are often important events, very little is actually known about them.

Try to remember the sexual experiences you had while growing up. "Sexual" can mean a broad range of things, anything from playing "doctor" to sexual intercourse—anything that might have seemed sexual to you. If you feel too distressed at any time while answering any of these questions, please discontinue immediately and write "Too distressed" in the margin at which point you stopped.

**Prior to *age 12* (e.g., 6th grade), how often did the following experiences occur? Please use the following code:**

1=Unsure
2=Never
3=Rarely
4=Sometimes
5=Frequently
6=Very Frequently

a. An invitation/request to do something sexual or talk in a sexual way _____

b. Kissing and hugging in a sexual way _____

c. Another person showing his/her genitals to you _____

d. You showing your genitals to another person _____

e. Another person fondling you over your clothes _____

f. You fondling another person over his/her clothes _____

g. Another person touching your genitals (e.g., fondling under clothes) _____

h. You touching another person's genitals _____

i. Simulated intercourse over clothes _____

j. Masturbating another person or being involved in another person's masturbation _____

k. Simulated intercourse under clothes (e.g., no penetration) _____

l. Oral contact—other person to your genitals _____

m. Oral contact—you to other person's genitals _____

n. Digital (e.g., finger) or object penetration _____

o. Another person engaging in anal intercourse with you (including unsuccessful attempts) _____

p. Being involved in ritual and satanic abuse or sexualized torture _____

r. Other:_____ _____

**Who was involved in the above experience(s) with you? Check all that apply.**

- ☐ Stranger
- ☐ Person you knew, but not friend
- ☐ Friend
- ☐ Niece or nephew
- ☐ Cousin
- ☐ Brother
- ☐ Sister
- ☐ Father
- ☐ Mother
- ☐ Uncle
- ☐ Aunt
- ☐ Grandfather
- ☐ Grandmother
- ☐ Stepfather
- ☐ Stepmother
- ☐ Step or half brother
- ☐ Step or half sister
- ☐ Teacher
- ☐ Coach
- ☐ Camp counselor
- ☐ Babysitter
- ☐ Other _____

**What age were you when the above experiences discontinued?** _____

*If you only had one experience, state your age at the time of that experience. Likewise, if the experiences continued beyond age 12, write "beyond 12" in the blank.*

**Earliest/Traumatic Experiences**

Choose one of the ***earliest*** experiences and two of the most ***traumatic*** experiences that you had *with other children or adults*, including friends, strangers, brothers, sisters, cousins, aunts, uncles, father, mother, grandfather, or grandparent. Take one experience and answer all the questions on the pages that pertain to it, and then return to answer the same questions about the second experience. Keep in mind these are one of the ***earliest*** experiences and two of the most ***traumatic*** experiences that you remember. If you feel too distressed at any time while answering any of these questions, please discontinue immediately and write "Too distressed" in the margin at which point you stopped. If you have only had one experience, answer questions about that experience only.

| **With regard to…** | | **Early Experience** | **Traumatic Experience #1** | **Traumatic Experience #2** |
|---|---|---|---|---|
| **1.** | About how old were you at this time: | _____ | _____ | _____ |
| **2.** | Approximate Age of the other person (s): | _____ | _____ | _____ |
| **3.** | Sex of the other person (s): | _____ | _____ | _____ |
| **4.** | Relationship to the other person (See code below): | _____ | _____ | _____ |

Code:

| | | |
|---|---|---|
| 1=Stranger | 8=Father | 15=Stepmother |
| 2=Person you knew, but not friend | 9=Mother | 16=Step or half brother |
| 3=Friend | 10=Uncle | 17=Step or half sister |
| 4=Niece of nephew | 11=Aunt | 18=Teacher |
| 5=Cousin | 12=Grandfather | 19=Coach |
| 6=Brother | 13=Grandmother | 20=Camp counselor |
| 7=Sister | 14=Stepfather | 21=Other |

| **5.** | What happened? (Circle "Yes" or "No" for all that apply) | EARLY EXPERIENCE | | TRAUMATIC EXPERIENCE #1 | | TRAUMATIC EXPERIENCE #2 | |
|---|---|---|---|---|---|---|---|
| a. | An invitation/request to do something sexual or talk in a sexual way | Yes | No | Yes | No | Yes | No |
| b. | Kissing and hugging in a sexual way | Yes | No | Yes | No | Yes | No |
| c. | Another person showing his/her genitals to you | Yes | No | Yes | No | Yes | No |
| d. | You showing your genitals to another person | Yes | No | Yes | No | Yes | No |
| e. | Another person fondling you over your clothes | Yes | No | Yes | No | Yes | No |
| f. | You fondling another person over his/her clothes | Yes | No | Yes | No | Yes | No |
| g. | Another person touching your genitals (e.g., fondling under clothes | Yes | No | Yes | No | Yes | No |
| h. | You touching another person's genitals | Yes | No | Yes | No | Yes | No |
| i. | Simulated intercourse over clothes | Yes | No | Yes | No | Yes | No |
| j. | Masturbating another person or being involved in another person's masturbation | Yes | No | Yes | No | Yes | No |

| | | EARLY EXPERIENCE | TRAUMATIC EXPERIENCE #1 | TRAUMATIC EXPERIENCE #2 |
|---|---|---|---|---|
| k. | Simulated intercourse under clothes (e.g., no penetration | Yes No | Yes No | Yes No |
| l. | Oral contact—other person to your genitals | Yes No | Yes No | Yes No |
| m. | Oral contact—you to other person's genitals | Yes No | Yes No | Yes No |
| n. | Digit (e.g., finger) or object penetration | Yes No | Yes No | Yes No |
| o. | Another person engaging in anal intercourse with you (including unsuccessful attempts) | Yes No | Yes No | Yes No |
| p. | Being involved in ritual and satanic abuse or sexualized torture | Yes No | Yes No | Yes No |
| q. | Other :_____ | Yes No | Yes No | Yes No |
| **6.** | Who initiated this? | You Other | You Other | You Other |
| **7.** | Did the other person(s) verbally threaten you? (See Code below)<br><br>Code:<br>1=Yes<br>2=A little<br>3=No | _____ | _____ | _____ |
| **8.** | Did the other person(s) physically threaten or force you? (See Code below)<br><br>Code:<br>1=Yes<br>2=A little<br>3=No | _____ | _____ | _____ |
| **9.** | About how many times did you have a sexual experience with this person? | _____ | _____ | _____ |
| **10.** | Over how long a time did this go on (Give number of days, months, years) | _____ | _____ | _____ |
| **11.** | Who did you tell about this experience at the time? (Check all that apply) | ☐ No one<br>☐ Mother<br>☐ Father<br>☐ Other adult<br>☐ Brother/Sister<br>☐ Friend<br>☐ Other _____ | ☐ No one<br>☐ Mother<br>☐ Father<br>☐ Other adult<br>☐ Brother/Sister<br>☐ Friend<br>☐ Other _____ | ☐ No one<br>☐ Mother<br>☐ Father<br>☐ Other adult<br>☐ Brother/Sister<br>☐ Friend<br>☐ Other _____ |

| | | EARLY EXPERIENCE | TRAUMATIC EXPERIENCE #1 | TRAUMATIC EXPERIENCE #2 |
|---|---|---|---|---|
| **12.** | How supportive of you was each person who you told? (Identify person from question 11 and use rating scale below; if you did not tell a person, write "No one") | | | |
| | *Supportive*: Not at all 1 2 3 4 5 Very | | | |
| | Person 1: | (person)_____<br>(rating) _____ | (person)_____<br>(rating) _____ | (person)_____<br>(rating) _____ |
| | Person 2: | (person)_____<br>(rating) _____ | (person)_____<br>(rating) _____ | (person)_____<br>(rating) _____ |
| | Person 3: | (person)_____<br>(rating) _____ | (person)_____<br>(rating) _____ | (person)_____<br>(rating) _____ |
| | Person 4: | (person)_____<br>(rating) _____ | (person)_____<br>(rating) _____ | (person)_____<br>(rating) _____ |
| **13.** | In general, how supportive were other family members? (If you did not tell a family member, how supportive do you *think* they would have been?) | | | |
| | *Supportive*: Not at all 1 2 3 4 5 Very | _____ | _____ | _____ |

After completing questions pertaining to **Early Experience,** answer questions about **Truamtic Experience #1**.

After completing questions pertaining to **Truamtic Experience #1,** answer questions about **Truamtic Experience #2**.

If you have any thoughts about answering the questions in this questionnaire or if you wish to write about any other experiences you may have had, please use the following pages to do so. **Thank you for your participation!**

**ADULT ATTACHMENT QUESTIONNAIRE (AAQ)**

Please indicate how you typically feel toward romantic (dating) partners *in general.* Keep in mind that there are no right or wrong answers. Use the 7-point scale provided below and write the appropriate number for each item in the blank.

1 2 3 4 5 6 7

I strongly disagree — I strongly agree

____ 1. I find it relatively easy to get close to others.

____ 2. I'm not very comfortable having to depend on other people.

____ 3. I'm comfortable having others depend on me.

____ 4. I rarely worry about being abandoned by others.

____ 5. I don't like people getting too close to me.

____ 6. I'm somewhat uncomfortable being too close to others.

____ 7. I find it difficult to trust others completely.

____ 8. I'm nervous whenever anyone gets too close to me.

____ 9. Others often want me to be more intimate than I feel comfortable being.

____ 10. Others often are reluctant to get as close as I would like.

____ 11. I often worry that my partner(s) don't really love me.

____ 12. I rarely worry about my partner(s) leaving me.

____ 13. I often want to merge completely with others, and this desire sometimes scares them away.

____ 14. I'm confident others would never hurt me by suddenly ending our relationship.

____ 15. I usually want more closeness and intimacy than others do.

____ 16. The thought of being left by others rarely enters my mind.

____ 17. I'm confident that my partner(s) love me just as much as I love them.

**Note**: Items 1, 3, 4, 12, 14, 16, and 17 must be reversed-keyed prior to constructing each scale. The Avoidance scale is comprised of items 1-3 and 5-9. Higher scores on this dimension reflect greater avoidance. The Ambivalence scale is comprised of items 4 and 10-17. Higher scores on this dimension reflect greater ambivalence. Greater attachment security is defined by lower scores on both scales. When referencing the AAQ, please cite the following paper:

Simpson, J. A., Rholes, S. W., & Phillips, D. (1996). Conflict in close relationships: An attachment perspective. *Journal of Personality and Social Psychology, 71*, 899-914.

# Lottery Pool

Please place my name in the lottery pool so I will have a chance to receive $50 (US) at the conclusion of this study. If I win this lottery, please send the check to the following address:

Name: _____
Address 1: _____
Address 2: _____
City: _____
State/Province: _____
Zip Code: _____

I understand that if I accept payment for participating in this study, the fact that I participated in this study may be obtained under the Texas Open Records Act, even though any information that I gave to the investigator is confidential.

_____ _____/_____/_____
Signature mm dd yyyy

# APPENDIX C

## EMAIL CORRESPONDENCE

The following email was sent to potential participants in response to queries sent to the researcher after seeing the advertisement on the Male Survivor website:

> Dear [Participant's Name],
>
> Thank you for your interest in this study. Below is more information about the study. Please read it and, if you are still interested in participating, send me an address where I might send the questionnaires.
>
> Sincerely,
> Dan Altman
>
> "The current research project will examine the effects of childhood sexual abuse (CSA) on the close relationships of adult males who are older than 21 years of age. If you participate in this study, you will be asked to fill out two questionnaires. In one questionnaire you will be asked a number of questions about the nature of your close relationships (e.g., romantic relationships). You do not have to be in a close relationship currently in order to participate. In the second questionnaire, you will be asked a number of detailed questions about your childhood sexual abuse experiences. Some of these questions may make you feel uncomfortable. If you begin to feel distressed at any moment you are encouraged to terminate your participation and contact your therapist. Your participation is voluntary and will remain confidential. Once you have agreed to participate, your information will be assigned a number. This number will enable the researcher to study the information you provide without knowing who provided this information, protecting the confidentiality of the information you provide.
>
> "This research study has been reviewed and approved by the Institutional Review Board-Human Subjects Research, Texas A&M University. For research related problems or questions regarding your rights, the Institutional Review Board may be contacted through Dr. Michael W. Buckley, Director of Support Services, Office of Vice President for Research at (979) 458-4067"

The following email was sent to individuals who agreed to participate in the study after responding to the above email:

> Dear [Participant's Name]:
>
> Thank you for agreeing to participate in this study. A packet of information including the questionnaires has been sent to the address you provided. You should receive this packet within the next few days. Please let me know if you have any questions.
>
> Sincerely,
> Dan Altman

# APPENDIX D

## SYNTAX FOR MULTINOR PROGRAM

```
COMPUTE y=$casenum .
PRINT FORMATS y(F5) .
REGRESSION
  /DESCRIPTIVES MEAN STDDEV CORR SIG N
  /MISSING LISTWISE
  /DEPENDENT y
  /METHOD=ENTER etee1 duration tgender relatio2 gsupport freqgen freqwhlb freqpen sevgen
sevwhlbo sevpen
  /SAVE MAHAL .
SORT CASES BY MAH_1(A) .
EXECUTE .

LIST VARIABLES=y etee1 duration tgender relatio2 gsupport freqgen freqwhlb freqpen sevgen
sevwhlbo sevpen
MAH_1
  /FORMATE=NUMBERED .
LOOP #i=1 to 77 .
COMPUTE p = ($casenum - .5) / 77 .
COMPUTE chisq=idf.chisq (p,8) .
END LOOP .
PRINT FORMATES p chisq (F8.5) .
LIST VARIABES= y p MAH_1 chisq
  /FORMATE=NUMBERED .
GRAPH
  /SCATTERPLOT(BIVAR)=mah_1 WITH chisq
  /MISSING=LISTWISE .
```

# APPENDIX E

## ANALYSIS OF INFLUNCE

| Participant | *Cook's D* | | $h_i$ *Leverage* | |
|---|---|---|---|---|
| | Avoidance | Ambivalence | Avoidance | Ambivalence |
| 1 | . | . | . | . |
| 2 | . | . | . | . |
| 3 | . | . | . | . |
| 4 | . | . | . | . |
| 5 | . | . | . | . |
| 6 | .02 | .00 | .16 | .16 |
| 7 | .01 | .03 | .14 | .14 |
| 8 | .01 | .04 | .25 | .25 |
| 9 | .02 | .01 | .23 | .23 |
| 10 | .00 | .00 | .12 | .12 |
| 11 | .12 | .01 | .55 | .55 |
| 12 | .00 | .00 | .12 | .12 |
| 13 | .02 | .00 | .26 | .26 |
| 14 | .01 | .03 | .16 | .16 |
| 15 | .01 | .02 | .24 | .24 |
| 16 | .00 | .02 | .13 | .13 |
| 17 | .06 | .02 | .19 | .19 |
| 18 | .00 | .03 | .23 | .23 |
| 19 | .00 | .01 | .14 | .14 |
| 20 | .00 | .00 | .14 | .14 |

*Analysis of Influence*
(continued)

| Participant | *Cook's D* | | *$h_i$ Leverage* | |
|---|---|---|---|---|
| | Avoidance | Ambivalence | Avoidance | Ambivalence |
| 21 | .00 | .01 | .15 | .15 |
| 22 | .00 | .00 | .15 | .15 |
| 23 | .05 | .00 | .19 | .19 |
| 24 | .02 | .00 | .18 | .18 |
| 25 | .00 | .00 | .14 | .14 |
| 26 | .01 | .02 | .14 | .14 |
| 27 | .01 | .00 | .14 | .14 |
| 28 | .01 | .00 | .23 | .23 |
| 29 | .00 | .01 | .16 | .16 |
| 30 | .01 | .01 | .22 | .22 |
| 31 | .00 | .00 | .17 | .17 |
| 32 | .03 | .00 | .21 | .21 |
| 33 | .03 | .01 | .21 | .21 |
| 34 | .05 | .00 | .26 | .26 |
| 35 | .02 | .01 | .25 | .25 |
| 36 | .01 | .01 | .16 | .16 |
| 37 | .01 | .02 | .17 | .17 |
| 38 | .00 | .02 | .17 | .17 |
| 39 | .00 | .01 | .21 | .21 |
| 40 | .01 | .11 | .30 | .30 |

*Analysis of Influence*
(continued)

| Participant | *Cook's D* | | *$h_i$ Leverage* | |
|---|---|---|---|---|
| | Avoidance | Ambivalence | Avoidance | Ambivalence |
| 41 | .02 | .00 | .17 | .17 |
| 42 | .06 | .01 | .22 | .22 |
| 43 | .00 | .03 | .17 | .17 |
| 44 | .01 | .11 | .29 | .29 |
| 45 | .05 | .02 | .24 | .24 |
| 46 | .00 | .06 | .24 | .24 |
| 47 | .00 | .00 | .32 | .32 |
| 48 | .02 | .00 | .21 | .21 |
| 49 | .00 | .02 | .26 | .26 |
| 50 | .04 | .02 | .22 | .22 |
| 51 | .00 | .00 | .24 | .24 |
| 52 | .04 | .03 | .20 | .20 |
| 53 | .02 | .02 | .21 | .21 |
| 54 | .05 | .06 | .22 | .22 |
| 55 | .00 | .00 | .34 | .34 |
| 56 | .00 | .00 | .31 | .31 |
| 57 | .00 | .01 | .24 | .24 |
| 58 | .01 | .01 | .27 | .27 |
| 59 | .01 | .01 | .26 | .26 |
| 60 | .01 | .01 | .21 | .21 |

*Analysis of Influence*
(continued)

| Participant | *Cook's D* | | *$h_i$ Leverage* | |
|---|---|---|---|---|
| | Avoidance | Ambivalence | Avoidance | Ambivalence |
| 61 | .00 | .00 | .26 | .26 |
| 62 | .01 | .01 | .21 | .21 |
| 63 | .01 | .02 | .21 | .21 |
| 64 | .01 | .01 | .25 | .25 |
| 65 | .12 | .00 | .55 | .55 |
| 66 | .06 | .03 | .27 | .27 |
| 67 | .00 | .07 | .36 | .36 |
| 68 | .02 | .06 | .32 | .32 |
| 69 | .05 | .00 | .29 | .29 |
| 70 | .02 | .11 | .29 | .29 |
| 71 | .09 | .00 | .28 | .28 |
| 72 | .20 | .00 | .38 | .38 |
| 73 | .00 | .02 | .31 | .31 |
| 74 | .00 | .01 | .32 | .32 |
| 75 | .06 | .01 | .30 | .30 |
| 76 | .02 | .01 | .34 | .34 |
| 77 | .00 | .03 | .39 | .39 |

# APPENDIX F

## RAW DATA[a]

| Part. | Dura. | Age | Gen. | Supp. | Re I | Re II | GI | WB | Pen | F-GI | F-WB | F-P | S-GI | S-WB | S-P | Av | Am |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 5.00 | 5 | 0 | . | 0 | 3.00 | 125.00 | 6.00 | 15.00 | 14.00 | 1.00 | 1.00 | 57.00 | 6.00 | 15.00 | 46 | 48 |
| 2 | 1.00 | 11 | 0 | . | 0 | 3.00 | 38.00 | 22.00 | 15.00 | 6.00 | 4.00 | 1.00 | 35.00 | 11.00 | 15.00 | 39 | 39 |
| 3 | 4.00 | 8 | 0 | . | 0 | 3.00 | 204.00 | 52.00 | 58.00 | 24.00 | 8.00 | 4.00 | 57.00 | 31.00 | 29.00 | 50 | 27 |
| 4 | 9.00 | 3 | 1 | . | 1 | 2.00 | 90.00 | 23.00 | 15.00 | 9.00 | 3.00 | 1.00 | 46.00 | 17.00 | 15.00 | 27 | 33 |
| 5 | .00 | 4 | 1 | . | 1 | .00 | 140.00 | .00 | 42.00 | 17.00 | .00 | 3.00 | 57.00 | .00 | 14.00 | 40 | 51 |
| 6 | 7.00 | 4 | 1 | 1 | 1 | 2.00 | 60.00 | 11.00 | 15.00 | 8.00 | 1.00 | 1.00 | 40.00 | 11.00 | 15.00 | 54 | 55 |
| 7 | 7.00 | 5 | 1 | 3 | 1 | 2.00 | 90.00 | 16.00 | 30.00 | 12.00 | 3.00 | 2.00 | 45.00 | 11.00 | 15.00 | 47 | 31 |
| 8 | 6.00 | 6 | 0 | 1 | 1 | 2.00 | 124.00 | .00 | 14.00 | 15.00 | .00 | 1.00 | 57.00 | .00 | 14.00 | 45 | 24 |
| 9 | 4.00 | 8 | 0 | 1 | 1 | 1.00 | 102.00 | 54.00 | 73.00 | 13.00 | 8.00 | 5.00 | 41.00 | 22.00 | 29.00 | 33 | 26 |
| 10 | 8.00 | 4 | 0 | 2 | 0 | 3.00 | 139.00 | 33.00 | 15.00 | 17.00 | 5.00 | 1.00 | 57.00 | 22.00 | 15.00 | 36 | 43 |
| 11 | 7.00 | 5 | 1 | 1 | 1 | 1.00 | 128.00 | 73.00 | 43.00 | 19.00 | 10.00 | 3.00 | 57.00 | 31.00 | 29.00 | 37 | 38 |
| 12 | 5.00 | 7 | 0 | 1 | 0 | 3.00 | 117.00 | 61.00 | 44.00 | 14.00 | 8.00 | 3.00 | 57.00 | 31.00 | 29.00 | 37 | 37 |
| 13 | 7.00 | 5 | 0 | 1 | 1 | 1.00 | 181.00 | 76.00 | 87.00 | 21.00 | 9.00 | 6.00 | 49.00 | 31.00 | 29.00 | 49 | 44 |
| 14 | 5.00 | 7 | 1 | 2 | 0 | 3.00 | 48.00 | 16.00 | .00 | 8.00 | 3.00 | .00 | 34.00 | 11.00 | .00 | 43 | 21 |
| 15 | 7.00 | 5 | 0 | 1 | 1 | 2.00 | 78.00 | .00 | 44.00 | 10.00 | .00 | 3.00 | 40.00 | .00 | 29.00 | 41 | 23 |
| 16 | 8.00 | 4 | 0 | 3 | 0 | 3.00 | 165.00 | 22.00 | 59.00 | 21.00 | 4.00 | 4.00 | 57.00 | 11.00 | 29.00 | 29 | 32 |

*Raw Data*[a]
(continued)

| Part. | Dura. | Age | Gen. | Supp. | Re I | Re II | GI | WB | Pen | F-GI | F-WB | F-P | S-GI | S-WB | S-P | Av | Am |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 17 | 5.00 | 6 | 1 | 1 | 1 | 2.00 | 122.00 | 22.00 | .00 | 16.00 | 2.00 | .00 | 57.00 | 11.00 | .00 | 36 | 41 |
| 18 | 4.00 | 8 | 0 | 2 | 1 | 1.00 | 7.00 | .00 | .00 | 2.00 | .00 | .00 | 7.00 | .00 | .00 | 38 | 49 |
| 19 | 1.00 | 8 | 0 | 2 | 0 | 3.00 | .00 | 5.00 | .00 | .00 | 1.00 | .00 | .00 | 5.00 | .00 | 37 | 49 |
| 20 | 5.00 | 7 | 0 | 1 | 0 | 3.00 | 161.00 | 39.00 | 30.00 | 20.00 | 5.00 | 2.00 | 45.00 | 22.00 | 15.00 | 44 | 46 |
| 21 | 2.00 | 10 | 0 | 1 | 0 | 3.00 | 78.00 | .00 | .00 | 12.00 | .00 | .00 | 32.00 | .00 | .00 | 42 | 52 |
| 22 | 6.00 | 6 | 0 | 1 | 0 | 3.00 | 110.00 | .00 | 58.00 | 13.00 | .00 | 4.00 | 50.00 | .00 | 29.00 | 40 | 37 |
| 23 | 5.00 | 5 | 1 | 1 | 1 | .00 | 33.00 | 11.00 | .00 | 6.00 | 1.00 | .00 | 22.00 | 11.00 | .00 | 30 | 43 |
| 24 | 7.00 | 5 | 1 | 1 | 0 | 3.00 | 104.00 | 11.00 | 14.00 | 13.00 | 1.00 | 1.00 | 57.00 | 11.00 | 14.00 | 49 | 42 |
| 25 | 9.00 | 3 | 0 | 3 | 0 | 3.00 | 161.00 | 82.00 | 44.00 | 20.00 | 11.00 | 3.00 | 57.00 | 31.00 | 29.00 | 26 | 44 |
| 26 | 1.00 | 11 | 0 | 4 | 0 | 3.00 | 29.00 | 11.00 | 15.00 | 6.00 | 2.00 | 1.00 | 22.00 | 11.00 | 15.00 | 40 | 23 |
| 27 | 4.00 | 8 | 0 | 1 | 0 | 3.00 | 47.00 | 57.00 | 15.00 | 8.00 | 7.00 | 1.00 | 32.00 | 31.00 | 15.00 | 48 | 31 |
| 28 | 6.00 | 6 | 1 | 1 | 1 | 2.00 | 32.00 | 11.00 | 29.00 | 5.00 | 1.00 | 2.00 | 32.00 | 11.00 | 29.00 | 45 | 47 |
| 29 | .00 | 12 | 0 | 2 | 0 | 3.00 | 63.00 | 10.00 | .00 | 10.00 | 2.00 | .00 | 26.00 | 5.00 | .00 | 38 | 29 |
| 30 | 8.00 | 4 | 1 | 1 | 1 | .00 | 50.00 | .00 | 14.00 | 8.00 | .00 | 1.00 | 25.00 | .00 | 14.00 | 29 | 46 |
| 31 | 9.00 | 3 | 0 | 2 | 0 | 3.00 | 49.00 | .00 | 15.00 | 6.00 | .00 | 1.00 | 32.00 | .00 | 15.00 | 29 | 50 |
| 32 | 4.00 | 7 | 1 | 4 | 0 | 3.00 | 171.00 | 54.00 | 58.00 | 21.00 | 7.00 | 4.00 | 57.00 | 22.00 | 29.00 | 22 | 39 |
| 33 | 9.00 | 3 | 1 | 1 | 1 | .00 | 159.00 | 15.00 | 87.00 | 20.00 | 3.00 | 6.00 | 57.00 | 5.00 | 29.00 | 47 | 38 |

*Raw Data*[a]
(continued)

| Part. | Dura. | Age | Gen. | Supp. | Re I | Re II | GI | WB | Pen | F-GI | F-WB | F-P | S-GI | S-WB | S-P | Av | Am |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 34 | 4.00 | 4 | 1 | 1 | 1 | 2.00 | 14.00 | 10.00 | .00 | 2.00 | 2.00 | .00 | 7.00 | 5.00 | .00 | 33 | 44 |
| 35 | 6.00 | 6 | 0 | 1 | 1 | 1.00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | 45 | 42 |
| 36 | 7.00 | 5 | 0 | 1 | 0 | 3.00 | 103.00 | 81.00 | 29.00 | 14.00 | 10.00 | 2.00 | 57.00 | 31.00 | 29.00 | 24 | 48 |
| 37 | 4.00 | 8 | 0 | 1 | 0 | 3.00 | 176.00 | 66.00 | 28.00 | 24.00 | 10.00 | 2.00 | 44.00 | 22.00 | 14.00 | 38 | 51 |
| 38 | 4.00 | 8 | 0 | 1 | 0 | 3.00 | 152.00 | 10.00 | 87.00 | 18.00 | 2.00 | 6.00 | 57.00 | 5.00 | 29.00 | 43 | 58 |
| 39 | 4.00 | 8 | 0 | 1 | 1 | .00 | 93.00 | 16.00 | 43.00 | 12.00 | 3.00 | 3.00 | 57.00 | 11.00 | 29.00 | 33 | 37 |
| 40 | 7.00 | 5 | 0 | 2 | 1 | 2.00 | 204.00 | 53.00 | 15.00 | 26.00 | 9.00 | 1.00 | 57.00 | 20.00 | 15.00 | 27 | 53 |
| 41 | 2.00 | 10 | 0 | 4 | 0 | 3.00 | 146.00 | 93.00 | 58.00 | 19.00 | 12.00 | 4.00 | 57.00 | 31.00 | 29.00 | 20 | 37 |
| 42 | 8.00 | 4 | 1 | 2 | 0 | 3.00 | 64.00 | 67.00 | 29.00 | 11.00 | 9.00 | 2.00 | 35.00 | 31.00 | 29.00 | 41 | 38 |
| 43 | 3.00 | 5 | 0 | 2 | 0 | 3.00 | 50.00 | 25.00 | .00 | 8.00 | 4.00 | .00 | 32.00 | 20.00 | .00 | 46 | 30 |
| 44 | 6.00 | 4 | 0 | 1 | 1 | 2.00 | 121.00 | 33.00 | 86.00 | 16.00 | 4.00 | 6.00 | 57.00 | 22.00 | 29.00 | 48 | 62 |
| 45 | 7.00 | 5 | 0 | 1 | 1 | .00 | 16.00 | .00 | 30.00 | 5.00 | .00 | 2.00 | 7.00 | .00 | 15.00 | 20 | 34 |
| 46 | 2.00 | 10 | 0 | 3 | 1 | .00 | 55.00 | 26.00 | 14.00 | 8.00 | 4.00 | 1.00 | 40.00 | 20.00 | 14.00 | 36 | 59 |
| 47 | 7.00 | 5 | 0 | 2 | 1 | 1.00 | 161.00 | .00 | .00 | 20.00 | .00 | .00 | 57.00 | .00 | .00 | 41 | 48 |
| 48 | 7.00 | 5 | 1 | 1 | 0 | 3.00 | 165.00 | 106.00 | .00 | 22.00 | 13.00 | .00 | 57.00 | 31.00 | .00 | 26 | 35 |
| 49 | 8.00 | 4 | 0 | 2 | 1 | .00 | 25.00 | .00 | 60.00 | 5.00 | .00 | 4.00 | 11.00 | .00 | 15.00 | 32 | 57 |
| 50 | 10.00 | 1 | 1 | 2 | 1 | .00 | 146.00 | 76.00 | 72.00 | 18.00 | 10.00 | 5.00 | 57.00 | 31.00 | 29.00 | 46 | 35 |

*Raw Data*[a]
(continued)

| Part. | Dura. | Age | Gen. | Supp. | Re I | Re II | GI | WB | Pen | F-GI | F-WB | F-P | S-GI | S-WB | S-P | Av | Am |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 51 | 2.00 | 10 | 1 | 1 | 0 | 3.00 | 61.00 | 20.00 | 44.00 | 8.00 | 2.00 | 3.00 | 41.00 | 20.00 | 29.00 | 42 | 33 |
| 52 | 8.00 | 4 | 0 | 5 | 0 | 3.00 | 171.00 | 44.00 | 44.00 | 21.00 | 6.00 | 3.00 | 57.00 | 22.00 | 29.00 | 17 | 59 |
| 53 | 2.00 | 10 | 1 | 1 | 0 | 3.00 | 6.00 | 12.00 | .00 | 2.00 | 2.00 | .00 | 3.00 | 6.00 | .00 | 28 | 18 |
| 54 | .00 | 8 | 1 | 1 | 0 | 3.00 | 30.00 | .00 | .00 | 4.00 | .00 | .00 | 30.00 | .00 | .00 | 54 | 53 |
| 55 | 5.00 | 7 | 0 | 5 | 1 | 2.00 | 81.00 | 77.00 | 59.00 | 10.00 | 10.00 | 4.00 | 45.00 | 31.00 | 29.00 | 36 | 30 |
| 56 | 5.00 | 7 | 0 | 2 | 1 | .00 | 228.00 | 66.00 | 116.00 | 28.00 | 8.00 | 8.00 | 57.00 | 22.00 | 29.00 | 40 | 47 |
| 57 | 3.00 | 5 | 1 | 1 | 1 | .00 | 85.00 | 50.00 | 28.00 | 12.00 | 6.00 | 2.00 | 47.00 | 25.00 | 14.00 | 44 | 32 |
| 58 | 5.00 | 7 | 1 | 1 | 1 | .00 | 152.00 | 10.00 | 44.00 | 18.00 | 2.00 | 3.00 | 50.00 | 5.00 | 29.00 | 28 | 31 |
| 59 | 7.00 | 5 | 0 | 1 | 1 | .00 | 96.00 | 22.00 | .00 | 14.00 | 4.00 | .00 | 57.00 | 11.00 | .00 | 43 | 43 |
| 60 | 2.00 | 7 | 0 | 5 | 0 | 3.00 | .00 | 11.00 | .00 | .00 | 1.00 | .00 | .00 | 11.00 | .00 | 43 | 34 |
| 61 | 4.00 | 8 | 1 | 1 | 1 | .00 | 161.00 | 42.00 | 45.00 | 20.00 | 6.00 | 3.00 | 57.00 | 31.00 | 15.00 | 46 | 43 |
| 62 | 2.00 | 10 | 0 | 4 | 0 | 3.00 | 171.00 | 84.00 | .00 | 21.00 | 11.00 | .00 | 57.00 | 31.00 | .00 | 41 | 35 |
| 63 | 4.00 | 5 | 0 | 5 | 0 | 3.00 | 28.00 | 11.00 | .00 | 6.00 | 1.00 | .00 | 14.00 | 11.00 | .00 | 42 | 56 |
| 64 | 5.00 | 7 | 1 | 5 | 1 | 2.00 | 98.00 | 52.00 | 58.00 | 12.00 | 7.00 | 4.00 | 57.00 | 31.00 | 29.00 | 38 | 55 |
| 65 | 4.00 | 8 | 1 | 1 | 1 | 1.00 | 192.00 | 42.00 | 74.00 | 24.00 | 6.00 | 5.00 | 57.00 | 31.00 | 29.00 | 35 | 45 |
| 66 | 6.00 | 6 | 1 | 1 | 1 | 2.00 | 49.00 | .00 | .00 | 6.00 | .00 | .00 | 49.00 | .00 | .00 | 37 | 62 |
| 67 | 7.00 | 5 | 0 | 3 | 1 | 2.00 | 75.00 | 31.00 | 58.00 | 13.00 | 4.00 | 4.00 | 32.00 | 31.00 | 29.00 | 43 | 25 |

*Raw Data*[a]
(continued)

| Part. | Dura. | Age | Gen. | Supp. | Re I | Re II | GI | WB | Pen | F-GI | F-WB | F-P | S-GI | S-WB | S-P | Av | Am |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 68 | 2.00 | 10 | 0 | 1 | 1 | 1.00 | 186.00 | 20.00 | 116.00 | 24.00 | 4.00 | 8.00 | 57.00 | 5.00 | 29.00 | 41 | 27 |
| 69 | 4.00 | 5 | 0 | 1 | 1 | .00 | 124.00 | .00 | 15.00 | 15.00 | .00 | 1.00 | 57.00 | .00 | 15.00 | 45 | 48 |
| 70 | 5.00 | 7 | 1 | 1 | 1 | .00 | 145.00 | 51.00 | 116.00 | 17.00 | 7.00 | 8.00 | 57.00 | 25.00 | 29.00 | 54 | 63 |
| 71 | 8.00 | 4 | 1 | 1 | 0 | 3.00 | 88.00 | 118.00 | .00 | 15.00 | 15.00 | .00 | 32.00 | 31.00 | .00 | 14 | 32 |
| 72 | 5.00 | 7 | 1 | 1 | 1 | 2.00 | 180.00 | 124.00 | .00 | 24.00 | 16.00 | .00 | 45.00 | 31.00 | .00 | 47 | 38 |
| 73 | 4.00 | 8 | 0 | 1 | 0 | 3.00 | 88.00 | 76.00 | 116.00 | 16.00 | 10.00 | 8.00 | 22.00 | 22.00 | 29.00 | 39 | 31 |
| 74 | 6.00 | 5 | 1 | 1 | 0 | 3.00 | 228.00 | .00 | 60.00 | 28.00 | .00 | 4.00 | 57.00 | .00 | 15.00 | 41 | 51 |
| 75 | .00 | 9 | 0 | 1 | 0 | 3.00 | 57.00 | 31.00 | 29.00 | 7.00 | 4.00 | 2.00 | 57.00 | 31.00 | 29.00 | 37 | 34 |
| 76 | .00 | 12 | 1 | 5 | 1 | 2.00 | 90.00 | 32.00 | 29.00 | 11.00 | 4.00 | 2.00 | 57.00 | 16.00 | 29.00 | 42 | 44 |
| 77 | .00 | 5 | 1 | 2 | 0 | 3.00 | 3.00 | .00 | .00 | 1.00 | .00 | .00 | 3.00 | .00 | .00 | 37 | 26 |

a. Part. (Participant), Dura. (Duration of the Abuse), Age (Age at time of Abuse), Gen. (Gender of Abuser[s]), Supp. (Perceived Family Support), Re I (Relationship I), Re II (Relationship II), GI (Genital Involvement), WB (Whole Body Involvement), Pen (Penetration), F-GI (Frequency-Genital Involvement), F-WB (Frequency-Whole Body Involvement), F-Pen (Frequency-Penetration), S-GI (Severity-Genital Involvement), S-WB (Severity-Whole Body Involvement), S-Pen (Severity-Penetration), Av (Avoidance), Am (Ambivalence)

# APPENDIX G

## NARRATIVE OF OTHER EXPERIENCES

The following is a verbatim written narrative of responses to the final statement from the Childhood Sexual Experiences Questionnaire, "If you have any thoughts about answering the questions in this questionnaire or if you wish to write about any other experiences you may have had, please use the following pages to do so." It should be noted that this verbatim narrative included the exact phraseology and spellings each participant used.

| ID # | Narrative |
|---|---|
| 035 | When I was 14 or 15, a door to door salesman can to our house. I was alone in the house. No one else was at home. He was a non-western man. Perhaps Middle Eastern. His name was Jameel. He was about 26-28 years old. Avg. height and weight. He had come to our house and sold merchandise to my dad at least ½ dozen times before this. I was a little skinny kid. When I was a Senior I weighed 89 lbs and was only 4'11" tall. He came in, then seduced me into a sexual situation. Dropped his pants and grabbed my hand and forced me to tough his erect penis. I was amazed at its size and shape. He quickly removed my pants; lifted or turne me around and anally raped me. It was horrible pain. I screamed and screamed like a girl. He covered my mouth with his big hand. I remember crumpling down to the floor. I was crying like a little boy. I must have slipped into some kind of twilight zone because I don't remember too much about what happened next. Somehow he had lifted me up off the floor. I don't remember how, but he had put my pants back on me. He brought me back to the front of the house. (He had maneuvered me to the back part of the house before he raped me).<br><br>He brought me outside in the front yard and took me to the back of his car. He opened his trunk and told me to take anything I wanted "*free*." I remember selecting a pair of slacks. Later, I felt like he had paid me off as if I were a "whore" or something like that. I think he was afraid I would tell the police or my father. I never told anyone until I was 51 (2 months ago). I saw Jameel one more time. I think he may have done the same thing or something similar to my younger brother who was 10 years old at the time. Our mother had died 2 years before. At this time my father was totally blind because of glaucoma. The last time I saw him was when I got home from school and he had driven my brother somewhere in his car. I was scared he had raped my brother too, but I never asked him. He was traumatized after my mother's death. I never told anyone until I joined Male Survivor and got into therapy in January 2003. [Name omitted—author's note] |
| 127 | My most traumatic experiences occurred in high school beginning at age 16. I was assaulted by my principal on a school field trip. I reported this to my parents and |

apparently nothing was done. I made one trip to a psychiatrist (paid for by the family of the girl I was on the trip with) and never heard another thing about it. In fact, my parents encouraged me to include my principal in my laundry route that I maintained in my latter HS years. It wasn't until very intensive therapy sessions and times of healing prayer that the abuse of my father came to light and was substantially verified by my sisters.

I chose in college not to continued an (unintelligible) homosexual lifestyle and got married at age 23. Am still married but continued "gay" sex secretly until I was diagnosed as HIV+ on 12/2/02. Am in the process of rebuilding my self-esteem and my marriage through much support and lots of prayer. The struggle is very difficult.

123 I am glad that you are investigating this area. The survey was a reminder for me of the need to continually seek different avenues for healing.

101 My mother stated that she was doing something medical to me. That was excuse for sexual abusive. Afterwards she said she wouldn't tell anyone my embarrassing secret if I wouldn't.

121 Ritual meaning three men who knew each other and all three abused me and many boys in my neighborhood. At the time I would not have thought of it as ritual. When I realized later in life that the three share information and apparently planned contacts with various boys

113 Experiences 1 and 2 are closely linked. In No. 1 I was gang raped when I didn't cooperate fully with the two "leaders." I told the Headmaster who didn't believe me. The gang were allowed to continue. (This was at a boarding school). A teacher got to know of what went on and had took over the gang. But was wound out and left suddenly soon after abusing me. No actions were ever taken. This happened between 1962-1967.

033 Age 23 coming out of surgery fondled by male staff. Awoke while he was jerking me off. Never told anyone.

039 Ouch! I now find myself wondering how much of this funk I have passed on to others over the years? Thanks for the new perspective doc! But seriously I think there is a possibility I could be your dream subject. Your welcome to give me a call. [Personal information withheld]

025 This first started sometime around 6-9 years of age. I remember having to spend time with this uncle and remember getting pops or candy at a area store. The steps to the store were concrete and oversized so that I had trouble climbing them and opening the door to this store. After I told my parents about this a confrontation with this uncle took place,

and although my parents were unsure of how reliable my story about this event was, I didn't have any more contact with this uncle until my teen years. There was frequent contact after that.

Although the confrontation between my mother and her brother did not go well, I was asked to disclose to my uncle with my mother present and when I couldn't I was told that she would never believe me again and was sent to my room. I was protected from any further contact for a few more years, for which I am grateful. Further contact after my teenage years was a result of summer work contact, this uncle being my supervisor in a part time summer job throughout my teenaged years.

I hop that this has been some help. [Name withheld]

P.S. Thank you for sending this on Valentine's Day. It has made today all the more special!

029 I didn't begin therapy until the age of 40. In 10 years, I had 3 therapist and was also in an all mens group for 3+ then 2 yrs -

017 This was hard to answer, i.e., emotionally.

022 My experiences were never traumatic. I was coerced into it and enjoyed it from the start. At about sic the activity was discovered and that was traumatic! Even so, and knowing it was "wrong" I sought and found older (adult) partners from about age seven through 12. I was also active with other children my own age.

07 During traumatic experience #1, I was told if I told anyone that they would not like or even love me. While being abused, I saw my mom talking to his mom in the front yard. I could not understand why she was not coming to save me. This reinforced the notion that if anyone knew my shaming secret, they would not love me. I felt distanced from my parents, who had a poor marriage. When I was 24, I told my mom about traumatic experience #1; she did not say anything or show any emotion.

012 Overwhelmed! Too Distressed! I'm sorry!

026 Early: Cousin and I would fool around, explore, see what felt good.

T#1: Dad would lay on me and do sexual motion, while clothed, saying he was hugging me goodnight. Torturous b/c I was being held down by his weight and if I didn't hug him, then I didn't love him.

T#2: Dad would watch me undress and tell me how fat I was, and how stupid I looked putting clothes on me being "FAT," he would point out that I would never be a real man

with a fat gut overhanging my penis. I'm a Fat ass. (Sorry had to stop)

061 My father abused me with physical beatings, verbal and mental assaults, and sexual "punishments." He said if I told, he would slit my birth mother's throat or beat my younger bother to death with a baseball bat. I spent most of my childhood sleeping in the closet or under my bed praying he wouldn't find me. After he fucked me, he always was kind and nurturing, he said he loved me; it was the only time he was kind to me. I have no male friends; the few that I have ever had I've always wound up getting used by. No adult male sexual encounters, but persistant desires.

056 The traumatic experience of my brother and father freightened me. When my father raped me I remember my father attacking me but it was quick and painful and I retreated into my mind by pretending I was outside the window looking in at the attack. I think my father continue to rape me for the next 3 years.

051 I have recently told my mother and she was very supported.

I have learned I was first abused at 2, but do not remember the experiences. The responces I gave were from my second perpetrator, whose abuse I only partially recall. My answers are to the best of my recollection.

045 Although, I also was abused at age 4, I don't have any clear memories. So I did not include here. The questions I answered pertain to abuse by same person for 7 yrs. I found the 2nd part and questions 5-10 difficult and a little uncomfortable, but necessary for me to answer. Thank you for this opportunity.

052 I had 100's of encounters. Each was as traumatic as the one before and all unwanted. It ended when I was sent to a NY (unintelligible) of youth home. Take column one and use it twice for the traumatic experiences.

049 I participated willingly in all of the sexual experiences that I described above because it gave me a sense that my cousin liked me, whereas the attention I received from my father consisted solely of a belt buckle. I liked my cousin. If I had told my parents I would have been killed. Simple as that.

079 Ritual abuse included sex with multiple males, religious symbols and physical whipping. I was also placed in a coffin-like box for a while, while I was transported to a new location.

055 I'm just going to try to explain a little so that my answers make sense to you. My mother

married an abusive man (not my biological father). My mom has cheated on him which led to them separating for a while. We sent to live with the man she was having an affair with, he became my first perp. My mom ended the affair after about a year and we moved back. I continued to see perp 1 without anyone's knowledge because he persuaded me in caring and sometimes threatening ways (my moms husband never stopped being violent and perp 1 was kind of a refuge). Perp 1 later "introduced" me to friends of his who repeatedly gang raped me among other things everytime I was made to see them. There was four or five men in masks and things got really bad, each time seemed a little different with the things they did to me. This went on for a long time until I started talking to a priest about some of what happened and after a while he coerced me into "things." Sometime after that I lost all memory until I was in the military.

080 In the first experience, the other person tried to persuade me to take off my clothes. He even tried offering me money. After I refused, he forcibly stripped me naked and performed oral sex on me. I always felt extremely guilty, but I returned many times to the place this happened

094 Lots of partial memories; dissociative memory problems to this day, even about current events.

097 It is dificult to do this b/c it is hard to choose one incident as most or more traumatic than others. Also, my earliest experience is largely unknown and I wasn't sure of these answers so they are approximations. I also have large time blocks that are missing from my memory and there could have been incidents there that I don't remember.

099 The earlier experience was traumatic as well—I never trusted people after this event that am aware of except for my grandparents. I was raised in a family of 6 children. The oldest was female, the next 5 were male. I was the second from the youngest in the birth order. I have no idea my age when this experience happened. Around the age of 6 I was "taught" how to perform oral sex on my 6 year old cousin—both of use performed oral sex on each other. That relationship resumed at about age 11 and we had a sexual relationship for several years. Mutual masturbation and oral sex. Around the age of 11 I slept with my older brother and he had sex with me for severl years until he got married. The most traumatic was about age 14-15 when my uncle grabed me and forced me to have sex with him—that relationship continued until I got married. I have had no homosexual experiences since marriage 27 years. I am the father of 2 grown children. Recently I have become addicted to internet portn—homosexual—joined a homosexual chat room—although I just observe the web cams and read the conversations. I am attracted to young boys (emotionally and physically).

096 Early was boarder in family home (college student). Multiple anal rapes, ages 0-3. Clear memory of only one but knew it had happened before. Grandpa told me to quit swearing. Boarder's sister fellated me when I was 4. Not very traumatic. Developed oral sex

fixation in adult years

TE1 was stranger at church, play director. Mother denied my story, said he was a "church man" so could do no wrong. Sent me back to face him again the next week. *Forced into closet and to fellate him. Told he would kill me if I told anyone.

TE2 was in public restroom at zoo. 3 perpetrators. One shoved me into stall and forced to fellatio. I was disgusted so offered him anal sex (farther away from "me") anal rape. I had to piss very badly so stayed and did that while he bragged to his friends. One of them was busy raping a boy in another stall. The boy was crying and very upset. I walked out and told mother. She was frightened to confront them. She advised me to forgive and forget.

Subsequent history: Attempted annals sex with 7 y.o. girl when I was 9. Sex with girl, both 12. Developed crush on 21 y.o. female drug addict at age 13. She hooked me up with a "pedophilia camp" where she advised I would "learn a lot." Camp sent me to fake "doctor" who gave me a very painful hernia exam, a prostate exam, and attempted anal rape. Camp counselor drugged me afterward and told me it was just a dream. Some counselor probably abused me later, memory unclear. Pedophile picked me up at campe and groomed me for 9 months with drinking bouts and make out session with his girlfriend (he 27, she 21). Watched them fuck twice. Second time he raped me anally afterward.

Made friends with 26 y.o. homosexual at age 16. Oral sex experimentation. Beaten on head while fellating him. Anal rape while very high on marijuana.

Violent gang rape by 3 males mid 20s at 19. High on heroin. Knocked unconscious. Multiple rapes over 2-3 hours, anal and oral. Punched in mouth, right testicle crushed, torn anaus. Anal rape again at 4am the next morning. Amnesiac response followed by intense paranoia that "fags" were pursuing me. No friend or sexual partners for 5 years. Impregnated 15 y.o. at 24, miscarriage (many anal rapes, me to her). Long term relationship began at 25 with 20 yr old. Her father (55y.o.) attempted anal rape at 26. Dated 12 yrs, married 8, two children, I abused both. Currently in sex offender treatment. Have girlfriend of 9 months relationship. Haven't seen kids for 4 years.

(marijuana, booze, LSD, 20 yrs. Heroin addict 4 yrs. 4 yrs sober now.)

102 I used where I lived at the time for the approximation or the after that the abuse took place.

085 I was raped by our parish priest in 1978. I did not reveal the fact that I was raped, just that the priest was overly friendly. My parents complained to the bishop. He and several other priests convinced them to keep quiet. Found out later, the church knew he was an abuser.

089 [In margin] Too distressing, sorry!

[On back] Although I did feel distressed in answering the questionnaire, it was very important for me to come back and finish it. What happened was a one time only, but it has crippled me in many ways. I'm now in my late 40's.

I was threatened and told not to tell anyone, and I didn't. It happened when I was 8yrs old. The first time it surfaced was in 1984 or 1985. This got triggered by my watching "I know my first name is Stephen." After that I kept trying to burn it and deny it.

Finally in 2002 or 2001 I came face to face with what actually happened. At times though, I feel guilty and dirty because of it, but I know it wasn't my fault.

I don't trust people, I don't like being touched, I don't like people getting too close to me. I deal a lot with depression, feel sad and empty. Even though it only happened once, it was very, very traumatic.

A very freeing experience, although it was painful, was reporting it to the police (reported about 4 months ago). I am so glad I had the courage to do it.

083 I was almost deaf as a child, this was way that people could feel they held power over me.

Re Traumatic #2
My sister wanted to show me "How to be a man." My father was not in my life.

081 The experience that made things for me was at age 7 by a camp counselor who came to where I was sleeping got me up took me to the shower room and tolets and pull his own paint down sat with a hard on and told me to suck it, and after sometime of that, he stud me up turned me pull my PJ down and sat me on his lap and down on his dick.

133 I was sexually abused by a 16 yr old female babysitter. She laid her naked body on top of me with out our clothes on. I remember the feeling of wetness and being afraid to tell my mother. I was 10 yr old.

139 I have been beaten and raped twice in my life because of this I often find myself feeling unsure of myself or guilty for the least of transgressions or ashamed for no reason. Even though I try for acceptance, I still feel fear of other alterior motives of me.

138 #1. I don't like giving answers to questions that are rephrased (ie., AAQ). I think it degrades the participant.

#2. Covert sexual abuse i.e. abuse that is implied by emotional transference is not discussed by the questionnaire.

Thanks, [Name withheld]

135 95% of sexual experience prior to age 12 was with older brothers in my family, (2) older brothers, 1 twin of mine and 2 older brothers who were also twins, 3 ½ years older than I and my twin. Both twin sets were fraternal twins.

131 [Page 3] K & N—one time experience with a different abuser.

[Page 5] Police offer my brother introduced me to. Friend of my brother.

[Page 6] This is my "first memory," However by this time it was a regular experience. I have a vague memory as a toddler being bathed and fondled by this brother. At this age, I knew what I was to do to him, how, where, and knew not to tell.

[Page 7] [Reported abuse by police to brother, TE-1] He was happy! [TE-2] I was told what we did was wrong and sick. Parents had "him" come over and they "talked" to him. Then they went out for the evening and left me home alone for the first time in my life. I was terrified!!!!

When I was 17, yet another "friend" of my brother who was about 35 invited me to go and live with him, "to be his…" and he would financially care for mother. At the time, we lived alone, just mom and myself, on welfare. Even though we had never had physical contact, he had previously engaged me in verbal sexual conversations. I told ho one, and I started to hide from others and not answer the phone or door out of fear of it being him.

137 I was black mailed by my brothers and their friends to give them sex most of the time. I did start it sometimes with friends. I have never shared any of this with my family. I am willing to share any other information I can. My phone # is [Information withheld]

[Name withheld]

# VITA


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Publications:

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